


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 13, 2007 8:00 am
Secretary of State

02-13-2007 90008 035 ***150.00

DOCUMENT # P99000109447			
1. Entity Name H2O2 CORPORATION		Principal Place of Business 1860 NW 19TH STREET CRYSTAL RIVER FL 34428	
2. Principal Place of Business - No P.O. Box #		Mailing Address P.O. BOX 976 CRYSTAL RIVER FL 34423-0976	
Suite, Apt. #, etc.		3. Mailing Address <i>1860 NW 19th Street</i>	
City & State		Suite, Apt. #, etc.	
City & State <i>CRYSTAL RIVER FL</i>		4. FEI Number <i>59-3621224</i>	
Zip <i>34428</i>		Country <i>US</i>	
Country		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HUBBARD, JEREMIAH A D.O. 9500 RAYWATER COURT CRYSTAL RIVER FL 34429		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	
State		State	
Zip Code		Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.		8. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
SIGNATURE		DATE	
Signature, typed or printed name of registered agent and title, if applicable		(NOT Registered Agent signature required when reinstating)	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P OVERTON, ROBERT 1860 NW 19TH STREET CRYSTAL RIVER FL 34478	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	D OVERTON, THERESA 1860 NW 19TH STREET CRYSTAL RIVER FL 34428	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	D HUBBARD, JEREMIAH A 9500 BAYWATER CT CRYSTAL RIVER FL 34428	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	ST HUBBARD, TANA 9500 BAYWATER CT CRYSTAL RIVER FL 34429	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	



1st MOORE CR2E034 (10/06)

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Robert W. Overton* *Robert W. Overton* 2/4/07 (352) 795-5901
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #