


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 11, 2005 8:00 am
Secretary of State

02-11-2005 90050 015 ***158.75

DOCUMENT # P99000080726	
1. Entity Name H2O SYSTEMS NATURE'S BEST ALTERNATIVE, INC.	

Principal Place of Business 1530 SOUTH MCCALL ROAD ENGLEWOOD FL 34223	Mailing Address 1530 SOUTH MCCALL ROAD ENGLEWOOD FL 34223
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2. Principal Place of Business 2800 PLACIDA RD Suite, Apt. #, etc. UNIT 107 City & State ENGLEWOOD FL Zip 34224 Country CHARLOTTE	3. Mailing Address 2800 PLACIDA RD. Suite, Apt. #, etc. UNIT 107 City & State ENGLEWOOD, FL. Zip 34224 Country CHARLOTTE
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50014175

1st MOORE CR2E034 (10/04)

4. FEI Number 65-0944562		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent NEFF, GARY LEE 21 PAR VIEW RD N ROTONDA WEST FL 33947		
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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.

SIGNATURE  (NOTE: Registered Agent signature required when reinstating) **Jan. 31, 2005** DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NEFF, GARY LEE 21 PAR VIEW RD ROTONDA WEST FL 33947 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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  **GARY LEE NEFF** 1/31/05 941-698-8840
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #