

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 07, 2004 08:00 AM
Secretary of State

DOCUMENT # K32834
1. Entity Name
DAICO WATER MANAGEMENT INC.



Principal Place of Business
 1101 DEER RUN PL
 1101 DEER RUN PLACE
 VALRICO FL 33595
 US

Mailing Address
 % COLLEEN DIAZ
 P O BOX 1362
 VALRICO FL 33594
 US



MOORE CR2E034 (11/03)

2. Principal Place of Business Suite, Apt. #, etc.
3. Mailing Address Suite, Apt. #, etc.

City & State

4. FEI Number 59-3060695
 Applied For
 Not Applicable

Zip **Country**

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DIAZ, COLLEEN
 1101 DEER RUN PLACE
 VALRICO FL 33594

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 _____ **DATE** _____
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	DIAZ, JOHNZEY SEGUNDO	
STREET ADDRESS	1101 DEER RUN PLACE	
CITY - ST - ZIP	VALRICO FL	
TITLE	DV	<input type="checkbox"/> Delete
NAME	DIAZ, COLLEEN GAIL	
STREET ADDRESS	1101 DEER RUN PLACE	
CITY - ST - ZIP	VALRICO FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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CITY - ST - ZIP		

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 02/09/04-80052-016-150.00

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: Colleen Diaz Colleen Diaz 2-4-04 8136812973
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #