2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000099236

Entity Name

WATERMAN REAL ESTATE, INC.



FILED
Jan 06, 2006 08:00 AM
Secretary of State

Principal Place of Business

3885 PEACOCK DR MELBOURNE, FL 32904 Mailing Address

3885 PEACOCK DR MELBOURNE, FL 32904



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01042006	No Chg-P	CR2E034 (11/05)	

4. FEI Number Applied For S9-3747967 Not Applied For Not Applied For Service Fee Regulized Fee Regulized

5. Name and Address of Current Registered Agent

WATERMAN, ANDREW 3885 PEACOCK DR MELBOURNE, FL 32904

SIGNATURE:

DO NOT WRITE IN THIS SPACE

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 Signature Typed or printed name of registered agent and tidle if applicable (NOTE: Registered Agent signature required when reinstating) DATE							
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Finan Trust Fund Contribution			icing	\$5.00 May Be Added to Fees			
10.	OFFICERS AND DIREC	CTORS]				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WATERMAN, ANDREW 3885 PEACOCK DR MELBOURNE, FL 32904						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WATERMAN, SANDRA L 3885 PEACOCK DR MELBOURNE, FL 32904				alite di Aldela Barilia di Alamania		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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.							

thorax Waterman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR