


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 26, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000131769
1. Entity Name -
WATER & WASTEWATER OPCON, INC.



Principal Place of Business Mailing Address
8290 NW 188TH ST 8290 NW 188TH ST
STARKE, FL 32091 STARKE, FL 32091

DO NOT WRITE IN THIS SPACE



02252004 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
56-2311891 Not Applicable

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

6. Name and Address of Current Registered Agent
MAGYARI, FREDERICK A
8290 NW 188TH ST
STARKE, FL 32091

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

1100000067476
02/27/04-80001-014 158.75

10. OFFICERS AND DIRECTORS	
TITLE	CEO
NAME	MAGYARI, FREDERICK A
STREET ADDRESS	8290 NW 188TH ST
CITY - ST - ZIP	STARKE, FL 32091
TITLE	P
NAME	MAGYARI, FREDERICK A
STREET ADDRESS	8290 NW 188TH ST
CITY - ST - ZIP	STARKE, FL 32091
TITLE	S
NAME	MAGYARI, LINDA S
STREET ADDRESS	8290 NW 188TH ST
CITY - ST - ZIP	STARKE, FL 32091
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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: F. A. Magyari / Frederick A. Magyari 02-25-04 (904) 964-7999
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #