


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED  
Mar 21, 2007 08:00 A  
Secretary of State**

**DOCUMENT # P05000008402**  
1. Entity Name  
ECOWATER OF LINDSAY, INC



Principal Place of Business: 530B HWY 17 SOUTH, SAN MATEO, FL 32187  
Mailing Address: PO BOX 700, SAN MATEO, FL 32187

**DO NOT WRITE IN THIS SPACE**



03152007 No Chg-P CR2E034 (11/05)

4. FEI Number: 20-2185522  
Applied For: Not Applicable

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

6. Name and Address of Current Registered Agent  
TOWER, LORI W  
793 RIDGELINE RD  
SAN MATEO, FL 32187

**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: \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

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

U000000675662  
03/30/07-80028-003 150.00

**10. OFFICERS AND DIRECTORS**

TITLE: P	NAME: TOWER, LORI W
STREET ADDRESS: 793 RIDGELINE RD	CITY-ST-ZIP: SAN MATEO, FL 32187
TITLE: VP	NAME: BARTA, CYNTHIA M
STREET ADDRESS: 1225 WALFORD RD	CITY-ST-ZIP: CEDAR RAPIDS, IA 52404
TITLE: SD	NAME: TOWER, GERALD R
STREET ADDRESS: 793 RIDGELINE RD	CITY-ST-ZIP: SAN MATEO, FL 32187
TITLE:	NAME:
STREET ADDRESS:	CITY-ST-ZIP:
TITLE:	NAME:
STREET ADDRESS:	CITY-ST-ZIP:
TITLE:	NAME:
STREET ADDRESS:	CITY-ST-ZIP:

**DO NOT WRITE IN THIS SPACE**

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.

SIGNATURE: Gerald Tower GERALD TOWER 03-19-07 / 386-328-4534  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #