2007 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 05, 2007 8:00 am Secretary of State DOCUMENT # P06000067694 04-05-2007 90143 034 ***150.00 1. Entity Name WATERVIEW GROUP INC Mailing Address Principal Place of Business 10021111 16004 BURNHAM WAY 16004 BURNHAM WAY **TAMPA, FL 33647 TAMPA, FL 33647** 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03292007 CR2E034 (12/06) Chg-P City & State Applied For City & State 4. FEI Number 20-Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired • Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BARTLETT, GEORGE R JR Street Address (P.O. Box Number is Not Acceptable) 16004 BURNHAM WAY TAMPA, FL 33647 City 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, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstation) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE TITLE Addition ☐ Delete ☐ Change BARTLETT, GEORGE R JR NAME NAME STREET ADDRESS 16004 BURNHAM WAY STREET ADDRESS CITY-ST-ZIP **TAMPA, FL 33647** CITY-ST-ZIP TITLE ☐ Delete ☐ Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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: _

FILED

Daytime Phone #

GENTLE A BARTLETT JA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR