

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000086368

FILED
Jan 29, 2004
Secretary of State

Entity Name: WATER RESOURCE ASSOCIATES, INC.

Current Principal Place of Business:

14502 N. DALE MABRY
SUITE #226
TAMPA, FL 33618 US

New Principal Place of Business:

Current Mailing Address:

14502 N. DALE MABRY
SUITE #226
TAMPA, FL 33618 US

New Mailing Address:

FEI Number: 59-3408132 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HARRELL, ROY G JR.
HOLLAND KNIGHT LLP
200 CENTRAL AVE STE 1600
ST PETERSBURG, FL 33701

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: HUBBELL, PETER G
Address: 6512 FITZGERALD RD
City-St-Zip: ODESSA, FL 33556

Title: D () Delete
Name: FARRELL, MARK D
Address: 16603 EAST COURSE DRIVE
City-St-Zip: TAMPA, FL 33624

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARK D. FARRELL

PRES

01/29/2004

_____ Electronic Signature of Signing Officer or Director

_____ Date