


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 06, 2004 08:00 AM
Secretary of State

DOCUMENT # 520537	
1. Entity Name WATERS ELECTRIC, INC.	

Principal Place of Business 6387 NW CR 152 JENNINGS FL 32053 US	Mailing Address 6387 NW CR 152 JENNINGS FL 32053 US
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent	
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WATERS, WASHINGTON P. 6387 NW CR 152 JENNINGS FL 32053	
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7. Name and Address of New Registered Agent	
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Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL 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	Signature, typed or printed name of registered agent and title if applicable	(NOTE: Registered Agent signature required when reinstating)	DATE
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FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE	PS	<input type="checkbox"/> Delete
NAME	WATERS, W. P.	
STREET ADDRESS	6387 NW CR 152	
CITY - ST - ZIP	JENNINGS FL 32053	
TITLE	VD	<input type="checkbox"/> Delete
NAME	WATERS, JEANETTE	
STREET ADDRESS	6387 NW CR 152	
CITY - ST - ZIP	JENNINGS FL 32053	
TITLE	DV	<input type="checkbox"/> Delete
NAME	WATERS, PAUL E.	
STREET ADDRESS	1769 AVEMILE MOUNTAIN ROAD	
CITY - ST - ZIP	CALLAWAY VA 24067	
TITLE	DC	<input type="checkbox"/> Delete
NAME	WATERS, W.P.	
STREET ADDRESS	7387 NW CR 152	
CITY - ST - ZIP	JENNINGS FL 32053	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

U00000037851
02/06/04-80115-005 150.00

12. I hereby certify that the information supplied with this filing does not qualify 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 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: WASHINGTON P. WATERS W. P. Waters 2-3-04 386-938-7281