

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 12, 2007 8:00 am**  
**Secretary of State**

02-12-2007 90100 044 \*\*\*150.00



**DOCUMENT # P02000014909**  
 1. Entity Name  
**WATER REFINING CO.**

Principal Place of Business  
 7091-A PINNACLE DRIVE  
 FT MYERS FL 33907

Mailing Address  
 7091-A PINNACLE DRIVE  
 FT MYERS FL 33907



2. Principal Place of Business - No P.O. Box #  
**405 S.E. 30<sup>th</sup> TERRACE**

3. Mailing Address  
**405 S.E. 30<sup>th</sup> TERRACE**

Suite, Apt. #, etc.

1st MOORE CR2E034 (10/06)

City & State  
**CAPE CORAL, FL.**

City & State  
**CAPE CORAL, FL**

Zip  
**33904**

Country  
**U.S.A**

4. FEI Number **03-0448749**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**WILLIAMS, DONALD P**  
**405 S.E. 30TH TERRACE**  
**CAPE CORAL FL 33904**

7. Name and Address of New Registered Agent  
 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP BIGGERMAN, GREGORY 4071 PRAIRIE VIEW DR NO SARASOTA FL 34236 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT SPRINGSTON, CINDY 4085 E ALLENDALE ST INVERNESS FL 34453 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS WILLIAMS, DONALD P 405 S.E. 30TH TERR CAPE CORAL FL 33904 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:** Donald P. Williams **1-30-07** **739-565-0852**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #