2007 FOR PROFIT CORPORATION ANNUAL REPORT

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Mar 16, 2007 8:00 am
Secretary of State
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DOCUMENT # P03000152551

1. Entity Name
J.C. GALLOWAY THE WATER DOCTOR, INC.

Principal Place of Business	Mailing Address
2750 LARKSPUR ROAD DELAND, FL 32724 US	2750 LARKSPUR ROAD DELAND, FL 32724 US

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
4075 N. Highway 17	4075 N. Highway 17
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: DeLand, FL	City & State: DeLand, FL
Zip: 32720 Country:	Zip: 32720 Country:

4. FEI Number: 20-0498417 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GALLOWAY, JAMES C 2750 LARKSPUR ROAD DELAND, FL 32724	Name: James C. Galloway Street Address (P.O. Box Number is Not Acceptable): 4075 N. Highway 17 City: DeLand FL Zip Code: 32720

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 ______________________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GALLOWAY, JAMES C 2750 LARKSPUR ROAD DELAND, FL 32724	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	 4075 N. Highway 17 DeLand, FL 32720	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST GALLOWAY, MARYL 2750 LARKSPUR ROAD DELAND, FL 32724	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	 4075 N. Highway 17 DeLand, FL 32720	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: Lynn Galloway Vice President 03-14-07 386-985-2685
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #