


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 21, 2008 8:00 am
Secretary of State

02-21-2008 90029 043 ***150.00

DOCUMENT # P02000014909

1. Entity Name
WATER REFINING CO.



Principal Place of Business Mailing Address
405 SE 30 TERRACE **405 SE 30 TERRACE**
CAPE CORAL FL 33904 **CAPE CORAL FL 33904**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
405 S.E. 30th TER **405 S.E. 30th TER**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
CAPE CORAL FL **CAPE CORAL FL**

Zip Country Zip Country
33904 **USA** **33904** **USA**



1st MOORE CR2E034 (10/07)

6. Name and Address of Current Registered Agent

WILLIAMS, DONALD P
405 S.E. 30TH TERRACE
CAPE CORAL FL 33904

4. FEI Number Applied For
03-0448749 Not Applicable

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

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 _____ DATE _____
Signature, typed or printed name of registered agent and fee, if applicable. (NOTE: Registered Agent signature required when re-registering).

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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

| | | |
|----------------|-------------------------|---------------------------------|
| TITLE | DP | <input type="checkbox"/> Delete |
| NAME | BIGGERMAN, GREGORY | |
| STREET ADDRESS | 4071 PRAIRIE VIEW DR NO | |
| CITY-ST-ZIP | SARASOTA FL 34236 | |
| TITLE | DT | <input type="checkbox"/> Delete |
| NAME | SPRINGSTON, CINDY | |
| STREET ADDRESS | 4085 E ALLENDALE ST | |
| CITY-ST-ZIP | INVERNESS FL 34453 | |
| TITLE | DS | <input type="checkbox"/> Delete |
| NAME | WILLIAMS, DONALD P | |
| STREET ADDRESS | 405 S.E. 30TH TERR | |
| CITY-ST-ZIP | CAPE CORAL FL 33904 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| 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 | | |

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 Date: 2-11-08 Daytime Phone #: 239-565-0852

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR