

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P19000008739

**Entity Name:** C Z WATER'S, INC.

**Current Principal Place of Business:**

301 NAVAJO AVE  
ORMOND BEACH, FL 32174

**Current Mailing Address:**

PO BOX 731381  
ORMOND BEACH, FL 32173 US

**FEI Number:** 83-3431731

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

ZOECKLER, KRISTA L  
301 NAVAJO AVE  
ORMOND BEACH, FL 32174 US

*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

**Officer/Director Detail :**

Title VP  
Name ZOECKLER, DANIEL Y  
Address 301 NAVAJO AVE  
City-State-Zip: ORMOND BEACH FL 32174

Title SEC  
Name CLEARWATER, KARIE S  
Address 101 BENT TREE DR #85  
City-State-Zip: DAYTONA BEACH FL 32114

Title TRE  
Name CLEARWATER, CHERIE L  
Address 4 HIGHWOOD RIDGE TRAIL  
City-State-Zip: ORMOND BEACH FL 32174

Title P  
Name ZOECKLER, KRISTA L  
Address 301 NAVAJO AVE  
City-State-Zip: ORMOND BEACH FL 32174

*I hereby 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 all other like empowered.*

**SIGNATURE:** KRISTA ZOECKLER

**PRESIDENT**

**03/07/2023**

Electronic Signature of Signing Officer/Director Detail

Date