

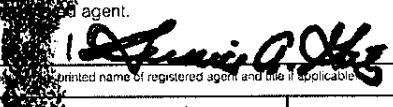
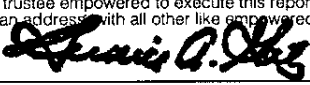


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90044 037 ***150.00

DOCUMENT # 228071 1. Entity Name PARK MANOR WATERWORKS, INC.					
Principal Place of Business 1527 PARK MANOR DRIVE ORLANDO, FL 32825				Mailing Address 1527 PARK MANOR DRIVE ORLANDO, FL 32825	
2. Principal Place of Business 400 N. Mills Ave. Suite, Apt. #, etc.		3. Mailing Address 400 N. Mills Ave. Suite, Apt. #, etc.		14003265 	
City & State Orlando, FL 32803 Zip Country		City & State Orlando, FL 32803 Zip Country		4. FEI Number 59-0930819 Applied For Not Applicable	
5. Certificate of Status Desired: <input type="checkbox"/> \$8.75 Additional Fee Required				02252004 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent GOETZ, BERNICE A. 1527 PARK MANOR DR ORLANDO, FL 32825			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 400 N. Mills Ave. City Orlando FL Zip Code 32803		
8. The above named agent 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 the agent. SIGNATURE  DATE 4-12-04 <small>Signature of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	VD WEINSTEIN, JORDAN R. 1527 PARK MANOR DR. ORLANDO, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD 400 N. Mills Ave. Orlando, FL 32803	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GOETZ, BERNICE A 1527 PARK MANOR DR ORLANDO, FL 00000,	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D 400 N. Mills Ave. Orlando, FL 32803	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WEINSTEIN, BARBARA 1527 PARK MANOR DR ORLANDO, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	400 N. Mills Ave. Orlando, FL 32803	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GOETZ, GEORGE 1527 PARK MANOR DR ORLANDO, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	400 N. Mills Ave. Orlando, FL 32803	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GOETZ, LUDWIG JR. 1527 PARK MANOR DR ORLANDO, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	400 N. Mills Ave. Orlando, FL 32803	<input checked="" 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 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: 			Date 4-12-04 Daytime Phone # 407-841-5000		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					