


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 22, 2005 08:00 AM
Secretary of State

DOCUMENT # 390399	
1. Entity Name C.S. WATER CO., INC.	

Principal Place of Business PO BOX 40 CRYSTAL SPRINGS, FL 33524 US	Mailing Address PO BOX 40 CRYSTAL SPRINGS, FL 33524 US
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DO NOT WRITE IN THIS SPACE



06302005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1370298	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BISTON, CLYDE A
1311 AMAWALK ST.
CRYSTAL SPRINGS, FL 33524

**DO NOT WRITE
IN THIS SPACE**

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: Clyde A Biston owner DATE: 7/19/05

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

FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	(In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.)
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PDT BISTON, CLYDE A. 1311 AMAWALK ST CRYSTAL SPRINGS, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSD BISTON, JUDITH M 1311 AMAWALK ST CRYSTAL SPRINGS, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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07/22/05-AD0001-002 158.75

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Judith M Biston DATE: 7/19/05 DAYTIME PHONE: 813-783-2984

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR