

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 05, 2007 08:00 AM  
Secretary of State

DOCUMENT # 497388

1. Entity Name

WATERLAND SUPPLY CO., INC.



Principal Place of Business

9200 N.W. 58TH STREET  
DORAL, FL 33178

Mailing Address

9200 N.W. 58TH STREET  
DORAL, FL 33178

DO NOT WRITE IN THIS SPACE



01042007 No Chg-P CR2E034 (11/05)

4. FEI Number

59-1656529

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

HACKNEY, ROBERT C  
9200 NW 58 ST.  
DORAL, FL 33178-8612

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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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

U000000623474  
02/13/07-80067-011 150.00

10. OFFICERS AND DIRECTORS

TITLE S  
NAME COSTLEY, JILL  
STREET ADDRESS 9200 NW 58 ST.  
CITY-ST-ZIP DORAL, FL 331781612

TITLE PTD  
NAME HACKNEY, ROBERT C.  
STREET ADDRESS 9200 NW 58 ST.  
CITY-ST-ZIP DORAL, FL 331781612

TITLE VP  
NAME HAYS, JAMES K  
STREET ADDRESS 9200 NW 58 ST  
CITY-ST-ZIP DORAL, FL 331781612

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DO NOT WRITE  
IN THIS SPACE

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #