


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2006 8:00 am
Secretary of State

01-19-2006 90076 028 ***150.00

DOCUMENT # 520537 1. Entity Name WATERS ELECTRIC, INC.					
Principal Place of Business 6387 NW CR 152 JENNINGS, FL 32053 US			Mailing Address 6387 NW CR 152 JENNINGS, FL 32053 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		01172006 Chg-P CR2E034 (11/05)	
4. FEI Number 59-1734464				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WATERS, WASHINGTON P. 6387 NW CR 152 JENNINGS, FL 32053			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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	PS WATERS, W. P. 6387 NW CR 152 JENNINGS, FL 32053	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	6343 NW CR 152 Jennings, FL 32053
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WATERS, JEANETTE 6387 NW CR 152 JENNINGS, FL 32053	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	6343 NW CR 152 Jennings, FL 32053
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV WATERS, PAUL E. 1769 AVEMILE MOUNTAIN ROAD CALLAWAY, VA 24067	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	1769 Five Mile Mountain Road Callaway, VA 24067
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC WATERS, W.P. 7387 NW CR 152 JENNINGS, FL 32053	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	6343 NW CR 152 Jennings, FL 32053
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>W. P. Waters</u> W. P. Waters 1/16/06 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					