

2007 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED

Jan 16, 2007 08:00 AM
Secretary of State

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



01052007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1734464 Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WATERS, WASHINGTON P.
6387 NW CR 152
JENNINGS, FL 32053

**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

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

00000586498
01/16/07-80054-010 150.00

10. OFFICERS AND DIRECTORS

TITLE PS
NAME WATERS, W. P.
STREET ADDRESS 6343 NW CR 152
CITY-ST-ZIP JENNINGS, FL 32053

TITLE VD
NAME WATERS, JEANETTE
STREET ADDRESS 6343 NW CR 152
CITY-ST-ZIP JENNINGS, FL 32053

TITLE DV
NAME WATERS, PAUL E.
STREET ADDRESS 1769 FIVE MILE MOUNTAIN RD
CITY-ST-ZIP CALLAWAY, VA 24067

TITLE DC
NAME WATERS, W.P.
STREET ADDRESS 6343 NW CR 152
CITY-ST-ZIP JENNINGS, FL 32053

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: *W.P. Waters Pres. W.P. Waters*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-11-07 540489-2386
Date Daytime Phone #