

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 02, 2007 08:00 AM  
Secretary of State

DOCUMENT # 545600

1. Entity Name  
WATERS MECHANICAL, INC.



Principal Place of Business  
10655 S.W. 184 TERRACE  
MIAMI, FL 33157

Mailing Address  
10655 S.W. 184 TERRACE  
MIAMI, FL 33157



03292007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-1766552

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

WATERS, MARK  
18821 SW 97 AVENUE  
MIAMI, FL 33157

**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

000000684973  
04/06/07-80054-006 150.00

10. OFFICERS AND DIRECTORS

TITLE	VP
NAME	WATERS, LEROY
STREET ADDRESS	1709 N.W. 20 ST.
CITY-ST-ZIP	HOMESTEAD, FL 33030
TITLE	T
NAME	WATERS, JANICE
STREET ADDRESS	18821 GULFSTREAM RD
CITY-ST-ZIP	MIAMI, FL 33157
TITLE	PD
NAME	WATERS, MARK
STREET ADDRESS	18821 GULFSTREAM RD
CITY-ST-ZIP	MIAMI, FL 33157
TITLE	S
NAME	WATERS, LORRAINE
STREET ADDRESS	1709 N.W. 20 STREET
CITY-ST-ZIP	HOMESTEAD, FL 33030
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 I am empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/07

Date

305-233-8728

Daytime Phone #