## **2007 FOR PROFIT CORPORATION ANNUAL REPORT**

## Feb 19, 2007 8:00 am Secretary of State 02-19-2007 90053 025 \*\*\*150.00 **DOCUMENT #617719** FLORIDA SEWER AND WATER, INC. Principal Place of Business Mailing Address 13790 N.W. 4TH STREET, SUITE #102 13790 N.W. 4TH STREET, SUITE #102 SUNRISE, FL 33325 SUNRISE, FL 33325 01042007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-1899187 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent STOKES, RITA A DO NOT WRITE 13790 NW 4TH STREET SUITE 102 IN THIS SPACE SUNRISE, FL 33325 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) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS SD TITLE NAME STOKES, RITA STREET ADDRESS 3025 SORREL COURT CITY-ST-ZIP FT LAUDERDALE, FL TITLE STOKES, MICHAEL NAME STREET ADDRESS 3025 SORREL COURT CITY-ST-ZIP FT LAUDERDALE, FL 00000, TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-719 TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME

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.

CI.	$\sim$ N I	ATI	IRF	-
	LTIM		166	

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**バヨト 0フ** Date

954-846-9500

**FILED**