2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 30, 2004 8:00 am Secretary of State

						Seci	COULT Y	V .	\sim \sim \sim	
1. Entity Narr	MENT # 706886 WATER WORKS, INC.						2004 90 3 5			
Principal Plac 14309 OLD HUDSON, FL		Mailing Address 14309 OLD DIXIE HWY HUDSON, FL 34667								
2. Principal F	Place of Business	3. Mailing Address	Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04282004 C	hg-NP	CR2E037	(10/03)		
City & State		City & State	City & State		4. FEI Number Applied For 59-1382465 Not Applicable					
Zip Country		Zip	Zip Country		5. Certificate of Status Desired					
	6. Name and Address of Current	Registered Agent			7. Name and Add	tress of New	Registered Ac	nent		
MCCART, CRAIG					7. Name and Add	21635 OI 116W	redisteren wi	Jenn.		
	LWOOD CIRCLE		Street Ad		O. Box Number is	Not Acceptab	ile)			
-			City					Zip Code		
			City				FL	Zip Code	9	
8. The above the obligat	named entity submits this statement folions of registered agent.	r the purpose of changing its re	egistered office or	r registere	ed agent, or both, in	the State of F	lorida. I am fa	miliar with,	and accept	
OSCHATURE										
SIGNATURE										
	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	Registered Agent signati	ure required v	when reinstating)		DATE			
	Filing Fee is \$61.25	9. Election Camp	paign Financing		\$5.00 May Be		Make check			
10.	Filing Fee is \$61.25 Due by May 1, 2004	9. Election Camp Trust Fund Co	paign Financing entribution.		\$5.00 May Be Added to Fees	; Fla	Make check prida Departn	nent of St	ate	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all pither like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

28 April 2004, 727.868 2862