

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2005 8:00 am
Secretary of State

03-21-2005 90089 020 ****61.25

DOCUMENT # 706886

1. Entity Name
HUDSON WATER WORKS, INC.



Principal Place of Business
**14309 OLD DIXIE HWY
HUDSON, FL 34667**

Mailing Address
**14309 OLD DIXIE HWY
HUDSON, FL 34667**

20022767



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02102005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
59-1382465

Applied For
Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

**MCCART, CRAIG
13241 HILLWOOD CIRCLE
HUDSON, FL 34667**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **S** ☐ Delete
NAME **RUFFER, NANCY**
STREET ADDRESS **7109 MCCRAY DR**
CITY-ST-ZIP **HUDSON, FL**

TITLE **D** ☐ Delete
NAME **KRAMER, WILLIAM**
STREET ADDRESS **5929 BEVERLY DR.**
CITY-ST-ZIP **HUDSON, FL 34667**

TITLE **T** ☐ Delete
NAME **SELL, FRANK**
STREET ADDRESS **8513 BELLA VIA**
CITY-ST-ZIP **HUDSON, FL 34667**

TITLE **VP** ☒ Delete
NAME **ISAACSON, JOHN**
STREET ADDRESS **14134 OLD DIXIE HIGHWAY**
CITY-ST-ZIP **HUDSON, FL 34667**

TITLE **D** ☐ Delete
NAME **SIBLEY, ROY**
STREET ADDRESS **13931 MARGO VENUE**
CITY-ST-ZIP **HUDSON, FL 34667**

TITLE **P** ☐ Delete
NAME **MCCART, CRAIG**
STREET ADDRESS **14306 CRABTRAP CT**
CITY-ST-ZIP **HUDSON, FL**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Change ☒ Addition
NAME **JAMES WALTERS**
STREET ADDRESS **10533 TAPESTRY DR**
CITY-ST-ZIP **PORT RICHEY, FL 34668**

TITLE **VP** ☒ Change ☐ Addition
NAME **KRAMER, WILLIAM**
STREET ADDRESS **5929 BEVERLY DR**
CITY-ST-ZIP **HUDSON, FL 34667**

TITLE **D** ☐ Change ☒ Addition
NAME **JOE GIBSON**
STREET ADDRESS **5822 BEVERLY DR**
CITY-ST-ZIP **HUDSON, FL 34667**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 other like empowered.

SIGNATURE: **Frank Sell** **FRANK SELL**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

16 March 2005
Date Daytime Phone #