2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2006 08:00 AM
Secretary of State

DOCUMENT # 706886

1. Entity Name
HUDSON WATER WORKS, INC.

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

DO NOT WRITE IN THIS SPACE

02092006 No Chg-NP CR2E037 (11/05)

4. FEI Number
59-1382465

☐ Applied For
☐ Not Applicable

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

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable *(NOTE: Registered Agent signature required when reinstating)*

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	S
NAME	RUFFER, NANCY
STREET ADDRESS	7109 MCCRAY DR
CITY-ST-ZIP	HUDSON, FL
TITLE	V
NAME	KRAMER, WILLIAM
STREET ADDRESS	5929 BEVERLY DR.
CITY-ST-ZIP	HUDSON, FL 34667
TITLE	T
NAME	SELL, FRANK
STREET ADDRESS	8513 BELLA VIA
CITY-ST-ZIP	HUDSON, FL 34667
TITLE	D
NAME	WALTERS, JAMES
STREET ADDRESS	10533 TAPESTRY DR
CITY-ST-ZIP	PORT RICHEY, FL 34668
TITLE	D
NAME	SIBLEY, ROY
STREET ADDRESS	13931 MARGO VENUE
CITY-ST-ZIP	HUDSON, FL 34667
TITLE	P
NAME	MCCART, CRAIG
STREET ADDRESS	14306 CRABTRAP CT
CITY-ST-ZIP	HUDSON, FL

100000044655
03/07/06-80010-023 61.25

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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 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: [signature] CRAIG MCCART, PRESIDENT 2/17/06 727-868-1582
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #