

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2007 8:00 am
Secretary of State

03-19-2007 90079 015 ****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

40038322



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03082007 Chg-NP CR2E037 (12/06)

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

7. Name and Address of New Registered Agent

MCCART, CRAIG
13241 HILLWOOD CIRCLE
HUDSON, FL 34667

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, 2007**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE DIRECTOR ☐ Change ☒ Addition
NAME MARIE A. FLICK
STREET ADDRESS 13829 COX AVE
CITY-ST-ZIP HUDSON, FL 34667

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

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

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

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

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

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

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

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

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

TITLE ☒ Change ☐ Addition
NAME MCCART, CRAIG
STREET ADDRESS 13421 HILLWOOD CIRCLE
CITY-ST-ZIP HUDSON, FL 34667

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: Frank Sell (FRANK SELL)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

868 7867
19 March 2007