


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2008 8:00 am
Secretary of State

04-16-2008 90020 035 ****61.25

DOCUMENT # 708129 1. Entity Name THE PACE WATER SYSTEM, INC.					
Principal Place of Business 4401 WOODBINE RD PACE, FL 32571 US			Mailing Address 4401 WOODBINE RD PACE, FL 32571 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-1098296	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DOTSON, TED 4650 BESSINGER LN PACE, FL 32571				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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: <i>Ted Dotson</i> (NOTE: Registered Agent signature required when reinstating)	
Filing Fee is \$61.25 Due by May 1, 2008				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	
\$5.00 May Be Added to Fees				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS					
TITLE	D	<input type="checkbox"/> Delete	TITLE	V0	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEST, HAROLD L.		NAME		
STREET ADDRESS	5351 STAFFORD CIR.		STREET ADDRESS		
CITY-ST-ZIP	PACE, FL		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	TO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GENTRY, ROBERT		NAME	GRANT, RANDY W	
STREET ADDRESS	5448 OAKMONT DR.		STREET ADDRESS	4131 BAYFRONT TERRACE	
CITY-ST-ZIP	PACE, FL 32571		CITY-ST-ZIP	PACE FL 32571	
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HINSON, PAUL		NAME		
STREET ADDRESS	4500 BELL LANE		STREET ADDRESS		
CITY-ST-ZIP	PACE, FL 32571		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HITCHCOCK, GEORGE		NAME		
STREET ADDRESS	5648 FIRESTONE DRIVE		STREET ADDRESS		
CITY-ST-ZIP	PACE, FL		CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VAUGHN, RODNEY SPEEDY		NAME	THOMPSON, SONORA L	
STREET ADDRESS	5514 MARANTHA WAY		STREET ADDRESS	4125 PLANT AVENUE	
CITY-ST-ZIP	PACE, FL 32571		CITY-ST-ZIP	PACE FL 32571	
TITLE	V	<input type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GODWIN, MAX R		NAME		
STREET ADDRESS	4325W AVENIDA DE GOLF		STREET ADDRESS		
CITY-ST-ZIP	PACE, FL 32571		CITY-ST-ZIP		
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: <i>Max R Godwin</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			<i>Max R Godwin 4/8/08</i> Date Daytime Phone #		

60024066



03122008 Chg-NP CR2E037 (12/06)

Applied For
Not Applicable

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

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: *Ted Dotson*

(NOTE: Registered Agent signature required when reinstating)

DATE: *4/8/2008*

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

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

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CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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SIGNATURE: *Max R Godwin*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE: *4/8/08*

Daytime Phone #