

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2006 8:00 am
Secretary of State

01-20-2006 90037 029 ****70.00

DOCUMENT # 726946

1. Entity Name
WATERWAY WEST, INC.



Principal Place of Business
**315 N. CAUSEWAY
NEW SMYRNA BEACH, FL 32169**

Mailing Address
**315 N. CAUSEWAY
NEW SMYRNA BEACH, FL 32169**

40004314



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01152006 Chg-NP CR2E037 (11/05)

City & State

City & State

4. FEI Number
59-1578126

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

**BARGER, GEORGE
315 N CAUSEWAY #D303
NEW SMYRNA BEACH, FL 32169**

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

George Barger

GEORGE BARGER, President 1/16/06

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, 2006**

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 **P** ☐ Delete
NAME **BARGER, GEORGE**
STREET ADDRESS **315 N. CAUSEWAY #D303**
CITY-ST-ZIP **NEW SMYRNA BEACH, FL 32169**

TITLE **D** ☐ Change ☒ Addition
NAME **D WICHMANN, FERDINAND**
STREET ADDRESS **315 N. CAUSEWAY # C104**
CITY-ST-ZIP **NEW SMYRNA BEACH, FL 32169**

TITLE **VP** ☐ Delete
NAME **PLUSCHAU, HERBERT**
STREET ADDRESS **315 N CAUSEWAY D302**
CITY-ST-ZIP **NEW SMYRNA BEACH, FL 32169**

TITLE **D** ☐ Change ☒ Addition
NAME **KISTHARDT, J. JAMES**
STREET ADDRESS **315 N. CAUSEWAY # D204**
CITY-ST-ZIP **NEW SMYRNA BEACH, FL 32169**

TITLE **S** ☐ Delete
NAME **SIMPSON, STEVE**
STREET ADDRESS **315 N. CAUSEWAY #D204**
CITY-ST-ZIP **NEW SMYRNA BCH, FL 32169**

TITLE **S** ☒ Change ☐ Addition
NAME **SIMPSON, STEVE**
STREET ADDRESS **315 N. CAUSEWAY # B204**
CITY-ST-ZIP **NEW SMYRNA BEACH, FL 32169**

TITLE **T** ☐ Delete
NAME **FRANTANTUONO, CYNTHIA**
STREET ADDRESS **315 N. CAUSEWAY #E203**
CITY-ST-ZIP **N S BEACH, FL 32169**

TITLE **T** ☒ Change ☐ Addition
NAME **FRATANTUONO, CYNTHIA**
STREET ADDRESS **315 N CAUSEWAY # E203**
CITY-ST-ZIP **NEW SMYRNA BEACH, FL 32169**

TITLE **VPD** ☐ Delete
NAME **COLE, CHARLES**
STREET ADDRESS **315 N CAUSEWAY A302**
CITY-ST-ZIP **NEW SMYRNA, FL 32169**

TITLE **D** ☐ Change ☒ Addition
NAME **O'LEARY, COLLEEN**
STREET ADDRESS **315 N. CAUSEWAY # D205**
CITY-ST-ZIP **NEW SMYRNA BEACH, FL 32169**

TITLE **VPD** ☐ Delete
NAME **SERVICE, JIM**
STREET ADDRESS **315 N. CAUSEWAY #C101**
CITY-ST-ZIP **NEW SMYRNA BEACH, FL 32169**

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 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 recipient 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

George Barger

GEORGE BARGER, President 1/16/06 786 427 2575

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #