


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 08, 2005 8:00 am
Secretary of State

02-08-2005 90008 036 ****61.25

DOCUMENT # 750296	
1. Entity Name ORANGE GROVE VILLAS WATER, INC.	

Principal Place of Business 37923 WICKLOW AVE ZEPHYRHILLS FL 33541 US	Mailing Address 37923 WICKLOW AVE ZEPHYRHILLS FL 33541 US
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2. Principal Place of Business 37923 WICKLOW AVE	3. Mailing Address 37923 WICKLOW AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.



1st MOORE CR2E037 (10/04)

City & State Zephyrhills, FLA	City & State Zephyrhills, FLA
Zip 33541	Country PASCO

4. FEI Number 59-2515146	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent BEAGLE, BETTY 37923 WICKLOW AVE. ZEPHYRHILLS FL 33541	
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7. Name and Address of New Registered Agent Name: Betty Beagle Street Address (P.O. Box Number is Not Acceptable) 37923 WICKLOW AVE Zephyrhills 33541 City FL Zip Code	
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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 *Betty Beagle* (NOTE: Registered Agent signature required when reissuing) DATE 1-20-05

FILE NOW: FEE IS \$61.25 Due By May 1, 2005	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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BEAGLE, BETTY 37923 WICKLOW STREET ZEPHYRHILLS FL 33541 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FULLINGTON, BEVERLY 37922 AVOCA AVE ZEPHYRHILLS FL 33541 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CADWELL, DAVE 37847 AVOCA AVE ZEPHYRHILLS FL 33541 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HELMS, RICKY 37847 WICKLOW AVE ZEPHYRHILLS FL 33541 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD. Tim HERRINGTON 8827 GALL BLVD Zephyrhills FL 33541 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICEP JOSE BAUSTISTA 8801 GALL BLVD Zephyrhills FL 33541 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Betty Beagle* 1-20-05 813-779-4248
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #