

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Aug 02, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # F01000003313**

1. Entity Name  
**SHARP WATER OF FLORIDA, INC.**



Principal Place of Business  
**1490 N.W. FEDERAL HIGHWAY  
STUART, FL 34994**

Mailing Address  
**909 SILVER LAKE BLVD  
DOVER, DE 19904**



07092004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**52-2326250**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525**

**DO NOT WRITE  
IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$150.00  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	CEO SCHIMKAITIS, JOHN R 909 SILVER LAKE BLVD DOVER, DE 19904
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PS BOYLES, WILLIAM C 909 SILVER LAKE BLVD. DOVER, DE 19904
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CFO MCMASTERS, MICHAEL P 909 SILVER LAKE BLVD DOVER, DE 19904
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T COOPER, BETH 909 SILVER LAKE BLVD. DOVER, DE 19904
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ADKINS, RALPH J 909 SILVER LAKE BLVD. DOVER, DE 19904
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U00000169054  
08/02/04-80008-010 150.00

**DO NOT WRITE  
IN THIS SPACE**

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 607, 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 persons empowered.

SIGNATURE: *William C Boyles*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*7/9/04* (302) 734-6744

Date

Daytime Phone #