2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

Jan 26, 2004 8:00 am Secretary of State DOCUMENT #F33666 01-26-2004 90014 049 ***150.00 **ERNEST WATERS & SONS, INC.** Principal Place of Business Mailing Address 5353 RHYNN RD 5353 RHYNN RD WAUCHULA, FL. 33873 WAUCHULA, FL 33873 US 2. Principal Place of Business 3. Mailing Address Suite, Apt, #, etc. Suite, Apt. #, etc. 01062004 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 59-2103232 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent* WATERS, BRYANT Street Address (P.O. Box Number is Not Acceptable) **5353 RHYNN RD** WAUCHULA, FL 33873 City Zin 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 little if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOWI! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2004 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Delete TILE Change ☐ Addition WATERS, RYAN R NAME MALIE STREET ADDRECA 635 MAUDE ROAD STREET ADDRESS CITY-ST-ZIF WAUCHULA, FL 33873 CITY-ST-ZIP TITLE ☐ Delete TILE ☐ Change Addition WATERS, FRANCIS B NAME NAME STREET ADDRESS 5353 RHYNN RD STREET ADDRESS CITY-ST-78P WAUCHULA, FL 33873 CITY_ST.7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition WATERS, DUSTYN B NAME NAME STREET ADDRESS 5275 OLLIE ROBERTS RD STREET ADDRESS CITY-ST-ZIP BOWLING GREEN, FL 33834 CITY-ST-ZIP TITLE Delete ☐ Addition TIR F Tel Change WATERS MARNETA. WATERS, MARNET A MAME NAME 5353 RHYNN RD STREET ADDRESS 5353 RAYMOND RD STREET ADDRESS CITY-ST-ZIP WAUCHULA, FL 33873 CITY-ST-ZIP WAUCHULA, FL 33873 TIME Delete IMF Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP

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 like empowered.

FILED