

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 16, 2005 08:00 AM
Secretary of State

DOCUMENT # F33666	
1. Entity Name ERNEST WATERS & SONS, INC.	

Principal Place of Business	Mailing Address
5353 RHYNN RD WAUCHULA, FL 33873 US	5353 RHYNN RD WAUCHULA, FL 33873 US

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

WATERS, BRYANT
5353 RHYNN RD
WAUCHULA, FL 33873

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$550.00
Due by September 7, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be**
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE	VD
NAME	WATERS, RYAN R
STREET ADDRESS	635 MAUDE ROAD
CITY-ST-ZIP	WAUCHULA, FL 33873
TITLE	PM
NAME	WATERS, FRANCIS B
STREET ADDRESS	5353 RHYNN RD
CITY-ST-ZIP	WAUCHULA, FL 33873
TITLE	STD
NAME	WATERS, DUSTYN B
STREET ADDRESS	5275 OLLIE ROBERTS RD
CITY-ST-ZIP	BOWLING GREEN, FL 33834
TITLE	D
NAME	WATERS, MARNET A
STREET ADDRESS	5353 RHYNN RD
CITY-ST-ZIP	WAUCHULA, FL 33873
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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05/16/05-60013-012 550.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.

SIGNATURE: Francis B. Waters FRANCIS B WATERS 5-12-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #