2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F33666

1. Entity Name

ERNEST WATERS & SONS, INC.

Principal Place of Business

5353 RHYNN RD Wauchula, Fl. 33873 US Mailing Address

5353 RHYNN RD

WAUCHULA, FL 33873 U

FILED Apr 04, 2007 08:00 Al Secretary of State



04022007

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-2103232

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

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 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 After May 1, 2007 Fee will be \$550.00		Election Campaign Financ Trust Fund Contribution.	cing 🔲	\$5.00 May Be Added to Fees	U00000690141
10. OFFICERS AND DIRECTORS					'04/11/07-80063-018-150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	VD WATERS, RYAN R 635 MAUDE ROAD WAUCHULA, FL 33873 PM				
NAME STREET ADDRESS CITY-ST-ZIP	WATERS, FRANCIS B 5353 RHYNN RD WAUCHULA, FL 33873				·
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD WATERS, DUSTYN B 5275 OLLIE ROBERTS RD BOWLING GREEN, FL 33834 DO NOT V				NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D . WATERS, MARNET A 5353 RHYNN RD WAUCHULA, FL 33873		IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-SF-ZIP		3.	NA.	·	
12. Thereby certify that the information supplied with this filling 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 path; that I am an officer or director					

12. Thereby certify that the information supplied with this filling does not quality 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 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:

My ant Water BRYANT WHEEKS

4-2-07

Daytime Phone #