


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2008 08:00 AM
Secretary of State

DOCUMENT # F33666 1. Entity Name ERNEST WATERS & SONS, INC.	
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Principal Place of Business 5353 RHYNN RD WAUCHULA, FL 33873 US	Mailing Address 5353 RHYNN RD WAUCHULA, FL 33873 US
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DO NOT WRITE IN THIS SPACE



01092008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2103232	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent WATERS, BRYANT 5353 RHYNN RD WAUCHULA, FL 33873	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD WATERS, RYAN R 635 MAUDE ROAD WAUCHULA, FL 33873
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PM 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
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WATERS, MARNET A 5353 RHYNN RD WAUCHULA, FL 33873
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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04/23/08-80026-016 150.00

DO NOT WRITE
IN THIS SPACE

12. I hereby certify that the information supplied with this filing 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 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: Bryant Waters 4-9-08 863 7139374
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #