


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2008 8:00 am
Secretary of State

04-24-2008 90112 012 ***150.00

| | |
|---|---|
| DOCUMENT # G69137 1. Entity Name WATER-LAND MANUFACTURING, INC. |  |
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|---|---|
| Principal Place of Business % ROBERT C. HACKNEY 9200 N.W. 58 ST DORAL, FL 33178-1612 | Mailing Address % ROBERT C. HACKNEY 9200 N.W. 58 ST DORAL, FL 33178-1612 |
|---|---|

DO NOT WRITE IN THIS SPACE

4000000000



02222008 No Chg-P CR2E034 (11/05)

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|---|--------------------------------|
| 4. FEI Number 59-2342539 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

HACKNEY, ROBERT C.
9200 N.W. 58 ST
DORAL, FL 33178-1612

**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)
Signature, typed or printed name of registered agent and title if applicable. DATE _____

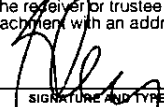
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| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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10. OFFICERS AND DIRECTORS

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|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PTD HACKNEY, ROBERT C 9200 N.W. 58 ST DORAL, FL 331781612 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S COSTLEY, JILL 9200 NW 58TH ST DORAL, FL 331781612 <i>SURAN MATAJON 9200 NW 58 ST DORAL FL 33178</i> |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V SERPA, NELSON 9200 N.W. 58 ST DORAL, FL 331781612 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V HAYS, JAMES K 9200 N.W. 58 ST DORAL, FL 331781612 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

**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:  3/1/08 305-594-1052
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #