


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 24, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # H78099</b>		
1. Entity Name <b>GATOR WATER AND WASTEWATER MANAGEMENT, INC.</b>		
Principal Place of Business <b>8005 APPLE SIX DR PORT RICHEY, FL 34668 US</b>	Mailing Address <b>POST OFFICE BOX 1940 NEW PORT RICHEY, FL 34656 US</b>	
DO NOT WRITE IN THIS SPACE		
		01212004 No Chg-P CR2E034 (10/03)
		4. FEI Number <b>59-2615019</b>
		Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Name and Address of Current Registered Agent		
<b>ROBER, AVERILL W 8005 APPLE SIX DR PORT RICHEY, FL 34668</b>		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 _____		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
10. OFFICERS AND DIRECTORS		
TITLE	PD	DO NOT WRITE IN THIS SPACE
NAME	ROBER, AVERILL W	
STREET ADDRESS	8005 APPLESIX DR	
CITY-ST-ZIP	PORT RICHEY, FL 34668	
TITLE	VP	
NAME	ROBER, RICHARD	
STREET ADDRESS	8005 APPLESIX DR	
CITY-ST-ZIP	PORT RICHEY, FL 34668	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
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.		
SIGNATURE: <u>AVERILL ROBER</u> <u>Cheeril Rober</u>		1-22-04 727-877-1064
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #