


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 24, 2005 8:00 am**  
**Secretary of State**

02-24-2005 90046 026 \*\*\*150.00

**DOCUMENT # J25884**  
 1. Entity Name  
 MCDADE WATERWORKS, INC.



Principal Place of Business: 5410 56TH COMMERCE PARK BLVD, TAMPA, FL 33610 US  
 Mailing Address: P.O. BOX 16039, TAMPA, FL 33687-039 US

**50018825**



2. Principal Place of Business: Suite, Apt. #, etc.  
 3. Mailing Address: Suite, Apt. #, etc.

01182005 Chg-P CR2E034 (10/03)

City & State

4. FEI Number: 59-2857498  
 Applied For: Not Applicable

Zip: Country

5. Certificate of Status Desired:  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 WACHSMUTH, WALTER K.  
 11503 CERCA DEL RIO PLACE  
 TEMPLE TERRACE, FL 33617-2620

7. Name and Address of New Registered Agent  
 Name:  
 Street Address (P.O. Box Number is Not Acceptable):  
 City: **FL** Zip Code:

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, 2005 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE: PD  
 NAME: WACHSMUTH, MARIE M.  Delete  
 STREET ADDRESS: ~~9237 62ND ST.~~  
 CITY-ST-ZIP: TAMPA, FL *Address Change*

TITLE:  Change  Addition  
 NAME:  
 STREET ADDRESS: 11503 Cerca Del Rio Pl  
 CITY-ST-ZIP: Temple Terrace, FL 33617-2620

TITLE: DVST  
 NAME: WACHSMUTH, WALTER K.  Delete  
 STREET ADDRESS: ~~9237 62ND ST.~~  
 CITY-ST-ZIP: TAMPA, FL *Address Change*

TITLE:  Change  Addition  
 NAME:  
 STREET ADDRESS: 11503 Cerca Del Rio Pl  
 CITY-ST-ZIP: Temple Terrace, FL 33617-2620

TITLE:  Delete

TITLE:  Change  Addition

TITLE:  Delete

TITLE:  Change  Addition

TITLE:  Delete

TITLE:  Change  Addition

TITLE:  Delete

TITLE:  Change  Addition

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: *Marie M. Wachsmuth* MARIE M. WACHSMUTH 1-28-05 (813) 740-1144  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER/DIRECTOR Date Daytime Phone #