


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2007 8:00 am
Secretary of State

02-21-2007 90028 034 ***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 33687-0399 US
6039

DO NOT WRITE IN THIS SPACE

40022191



02052007 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2857498

Applied For
 Not Applicable

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

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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 _____
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

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD WACHSMUTH, MARIE M. 11503 CERCA DEL RIO PL TEMPLE TERRACE, FL 336172620
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVST WACHSMUTH, WALTER K. 11503 CERCA DEL RIO PL TEMPLE TERRACE, FL 336172620
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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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: *Marie M. Wachsmuth*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/12/07 (813) 740-1144
 Date Daytime Phone #