

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

DOCUMENT # J54518

1. Entity Name

COLLEGE MANOR WATER COMPANY, INC.



Principal Place of Business *Post Office* Mailing Address
 % DAISY MAE JONES *Changed Address* % DAISY MAE JONES
 ROUTE 7, BOX 391 ROUTE 7, BOX 391
 LAKE CITY FL 32055 LAKE CITY FL 32055

2. Principal Place of Business
4515 E. US Hwy 90
 Suite, Apt. #, etc.

3. Mailing Address
4515 E US Hwy 90
 Suite, Apt. #, etc.

City & State
Lake City FL

City & State
Lake City FL

Zip

Zip

32055

32055

Country

Country

COLUMBIA

COLUMBIA

6. Name and Address of Current Registered Agent

JONES, DAISY MAE
 ROUTE 7, BOX 391
 LAKE CITY FL 32055

4. FEI Number
59-2867212

Applied For
 Not Applicable

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

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

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, 2005 Fee Will Be \$550.00
 Make Check Payable to Florida Department of State

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 NAME STREET ADDRESS CITY-ST-ZIP	JONES, DAISY MAE ROUTE 7, BOX 391 LAKE CITY FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: DAISY MAE JONES, president

01-27-05 (386) 752-1103

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #