

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 02, 2005 8:00 am**  
**Secretary of State**

02-02-2005 90058 049 \*\*\*150.00

**DOCUMENT # J54518**

1. Entity Name

COLLEGE MANOR WATER COMPANY, INC.



Principal Place of Business *POST OFFICE* Mailing Address

% DAISY MAE JONES *CHANGED* % DAISY MAE JONES  
ROUTE 7, BOX 391 *ADDRESSES* 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

*32055*

Country

*FLORIDA*

Zip

*32055*

Country

*FLORIDA*

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

4. FEI Number

**59-2867212**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

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

TITLE **PSD** ☐ Delete  
NAME **JONES, DAISY MAE**  
STREET ADDRESS **ROUTE 7, BOX 391**  
CITY-ST-ZIP **LAKE CITY FL**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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: DAISY MAE JONES, president**

*Daisy Mae Jones*

**01-27-05 (386) 752-1103**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #