2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # K32834 1. Entity Name					Feb 01, 2006 08:00 AM Secretary of State	
DAICO WATER MANAGEMENT INC.						
Principal Place	e of Business	Mailing Address				
1101 DEER RUN PL 1101 DEER RUN PLACE VALRICO FL 33595 US		% COLLEEN DIAZ P O BOX 1362 VALRICO FL 33594 US	:			
2. Principal Place of Business		3. Mailing Address	r			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			1st MOORE CR2E034 (10/05)	
City & State		City & State			4. FEI Number 59-3060695 Applied For Not Applicab	
Zip .	Country	Zip	Country		5. Certificate of Status Desired	
	6. Name and Address of Curre	nt Registered Agent			7. Name and Address of New Registered Agent	
				Name		
DIAZ, COLLEEN 1101 DEER RUN PLACE VALRICO FL 33594			Street	Address ((P.O. Box Number is Not Acceptable)	
VAL	LRICO FE 33394		City	···	Zip Code	
			1 1		<u></u>	
8. The above named entity submits this statement for the purpose of changing its registered affice 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 protocol name of registered agent and trife if applicable (NOTE Registered Agent signature required when reinstalling) OATE						
After	May 1, 2006 Fee Will Be \$550. k Payable to Florida Department				9. Election Campaign Financing \$5.00 May B 1 rust Fund Contribution. Added to Fees	
10.	OFFICERS AN	ND DIRECTORS	11.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS	· · · · · · · · · · · · · · · · · · ·	☐ Delete	TIFLE NAME STREET ADDRESS CITY-ST-ZIP		□ Change □ AAAN: U000B0412953 02/10/06-80067-024 150.80	
CITY-ST-ZIP	VALRICO FL DV	☐ Delete	TITLE	-	☐ Change ☐ Addition	
NAME	DIAZ, COLLEEN GAIL		NAME			
STREET ADDRESS CITY-ST-ZIP	1101 DEER RUN PLACE VALRICO FL		STREET ADDRESS CITY-ST-ZIP	5 }		
DILE		☐ Delete	TITLE NAME		Change Accent	
NAME STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS	5	•	
TITLE		☐ Delete	TOTLE	-	☐ Change ☐ Article.	
NAME STREET ADDRESS CITY-ST-ZIP			NAME STREET ADDRES C)TY-ST-ZIP	s }		
TITLE		☐ Delete	THLE	 -	☐ Change ☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP			NAME STREET ADDRES CITY-ST-ZIP	s		
STREET ADDRESS CITY-ST-ZIP		☐ Delete	TIFLE NAME STREET AODRES CITY- ST- ZIP	5	☐ Change ☐ Addition	
indicated of the co	d on this report or supplemental tepr	ort is true and accurate and that empowered to execute this repo	my signature sha ort as required by	II have the	ed in Section 119, Florida Statutes. I further certify that the information is same legal effect as if made under oath, that I am an officer or directed for, Florida Statutes; and that my name appears in Block 10 or Block 1	

FILED

G12/01/20/2

1-22-21