

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K32834

FILED  
Jan 20, 2009  
Secretary of State

Entity Name: DAICO WATER MANAGEMENT INC.

## Current Principal Place of Business:

1101 DEER RUN PL  
1101 DEER RUN PLACE  
VALRICO, FL 33595 US

## New Principal Place of Business:

## Current Mailing Address:

% COLLEEN DIAZ  
P O BOX 1362  
VALRICO, FL 33594 US

## New Mailing Address:

FEI Number: 59-3060695

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

DIAZ, COLLEEN  
1101 DEER RUN PLACE  
VALRICO, FL 33594 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: DIAZ, JOHNZEY SEGUND, O  
Address: 1101 DEER RUN PLACE  
City-St-Zip: VALRICO, FL

Title: DV ( ) Delete  
Name: DIAZ, COLLEEN GAIL,  
Address: 1101 DEER RUN PLACE  
City-St-Zip: VALRICO, FL

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: COLLEEN DIAZ

OWNE

01/20/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date