

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 07, 2007 8:00 am**  
**Secretary of State**

02-07-2007 90049 035 \*\*\*150.00

**DOCUMENT # K58965**

1. Entity Name

**WATER & EARTH SCIENCES, INC.**



Principal Place of Business  
**225 E. STUART AVE,  
LAKE WALES FL 33853**

Mailing Address  
**225 E. STUART AVE,  
LAKE WALES FL 33853**



2. Principal Place of Business - No P.O. Box #

**1421 Reswan Dr.**

3. Mailing Address

**P.O. Box 3308**

Suite, Apt. #, etc.

**Suite 2**

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

**Lake Wales, FL**

City & State

**Lake Wales FL**

4. FEI Number **59-2928985**

Applied For

Not Applicable

Zip  
**33853**

Country  
**US**

Zip  
**33859**

Country  
**US**

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**YADLEY, GREGORY C.  
101 E KENNEDY BLVD  
STE 2800 - BARNETT PLAZA  
TAMPA FL 33602**

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

*Robert Kirkner*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

*1-30-07*

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 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  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**PSTD  
KIRKNER, ROBERT A  
225 E. STUART AVE 225  
LAKE WALES FL 33853** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Delete

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TITLE  
NAME  
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CITY - ST - ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

*Robert Kirkner*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

*1-30-07 863-676-7225*

Daytime Phone #