

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 22, 2004 8:00 am
Secretary of State

04-22-2004 90027 012 ***150.00

DOCUMENT # K66602

1. Entity Name
WATER WORKS IRRIGATION OF BREVARD, INC.



Principal Place of Business
**724 AGENA AVE., N.W.
PALM BAY, FL 32907 US**

Mailing Address
**724 AGENA AVE., N.W.
PALM BAY, FL 32907 US**

94059561



03252004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-2931557

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**LOYA, LAZARO JR.
724 AGENA AVENUE NORTHWEST
PALM BAY, FL 32907**

**DO NOT WRITE
IN THIS SPACE**

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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	LOYA, LAZARO JR
STREET ADDRESS	724 AGENA AVENUE NW
CITY-ST-ZIP	PALM BAY FL, 32907
TITLE	VP
NAME	LOYA, CHERYL L.
STREET ADDRESS	724 AGENA AVENUE NW
CITY-ST-ZIP	PALM BAY FL, 32907
TITLE	S
NAME	LOYA, KIMBERLY L
STREET ADDRESS	724 AGENA AVENUE NW
CITY-ST-ZIP	PALM BAY, FL 32907
TITLE	T
NAME	LOYA, LAZARO M.
STREET ADDRESS	724 AGENA AVE NW
CITY-ST-ZIP	PALM BAY, FL 32907
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-19-04

Date

321-768-7608

Daytime Phone #