

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 18, 2004 08:00 AM  
Secretary of State

DOCUMENT # K68343

1. Entity Name

WATERWAY GROUP, INC.



Principal Place of Business

C/O TIMOTHY A. BERTI  
3436 MARINATOWN LANE  
FT. MYERS FL 33903

Mailing Address

C/O TIMOTHY A. BERTI  
3436 MARINATOWN LANE  
FT. MYERS FL 33903

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0113166

Applied For  
Not Applicable

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



MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BERTI, TIMOTHY A.  
3436 MARINATOWN LANE  
FT. MYERS FL 33903

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

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.

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete  
NAME BERTI, TIMOTHY A.  
STREET ADDRESS 3436 MARINATOWN LANE  
CITY-ST-ZIP N. FT. MYERS FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS U00000055588  
CITY-ST-ZIP 02/18/04-80007-009 150.00

TITLE D ☐ Delete  
NAME BERTI, REYNOLD  
STREET ADDRESS 1620 ST. CLAIR AVENUE  
CITY-ST-ZIP FORT MYERS FL 33903

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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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)(l), 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:

Timothy A. Berti, Pres.

239-997-5695

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #