

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2007 8:00 am
Secretary of State

04-18-2007 90154 036 ***150.00

DOCUMENT # L85407 1. Entity Name TROPICAL WATERS, INC.					
Principal Place of Business % JEFFREY D. ABER 4200 WHIDDEN BLVD. A83 CHARLOTTE HARBOR, FL 33980 US			Mailing Address % JEFFREY D. ABER P.O. BOX 494771 PORT CHARLOTTE, FL 33949 US		
2. Principal Place of Business - No P.O. Box # Suite Apt # etc			3. Mailing Address Suite Apt # etc		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 65-0212318	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
6. Name and Address of Current Registered Agent ABER, JEFFREY D. 27226 HARBOUR OAKS BLVD PUNTA GORDA, FL 33983				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City State 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 _____ DATE _____ (Signature of person authorized to sign on behalf of corporation and not applicable) (NOT: Registered Agent signature required when registering)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		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 NAME STREET ADDRESS CITY ST ZIP	D ABER, JEFFREY D. 4200 WHIDDEN BLVD CHARLOTTE HARBOR, FL 33980		TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>Jeffrey D. ABER</i> JEFFREY D. ABER 4-16-07 941-743-8889 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					