


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 08, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N00000003949</b>	
1. Entity Name SAVE OUR WATERWAYS, INC.	

Principal Place of Business 1533 HENDRY STREET #200 FORT MYERS, FL 33901	Mailing Address 1533 HENDRY STREET #200 FORT MYERS, FL 33901
--	--

**DO NOT WRITE IN THIS SPACE**



03222005 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-1077264	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

5. Name and Address of Current Registered Agent  J. TOM SMOOT, III 1533 HENDRY STREET SUITE 200 FORT MYERS, FL 33901	
---	--

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	1100000294780 04/08/05-80083-023 61.25
---	--	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WILKINSON, WILLIAM D 1700 MONROE STREET FORT MYERS, FL 33901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD STEVENS, HAROLD M 2108 MONROE STREET FORT MYERS, FL 33901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SCHULTZ, DAVID L 12660 WORLD PLAZA LANE FORT MYERS, FL 33907
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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)(f), 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 617, 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>DL Schultz</i> <b>DAVID L. SCHULTZ</b>	4/4/05	(239) 939-5233
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #