


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 27, 2006 08:00 AM
Secretary of State**

DOCUMENT # N03000008144		
1. Entity Name PROTECT OUR WATERWAYS, ESTUARIES, AND RIGHTS, INC.		
Principal Place of Business 1001 3RD AVE. W., SUITE 500 BRADENTON, FL 34205	Mailing Address 1001 3RD AVE. W., SUITE 500 BRADENTON, FL 34205	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent BARNES, GARRET T 3119 MANATEE AVE. WEST BRADENTON, FL 34205		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>		
Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BARNES, GARRET T 3119 MANATEE AVE. WEST BRADENTON, FL 34205	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LAURIE, JOHN 1111 8TH AVE. WEST BRADENTON, FL 34205	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SHINN, BYRON 1001 3RD AVE. WEST, SUITE 500 BRADENTON, FL 34205	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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 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: <u>Byron E. Shinn, Pres.</u> 1-23-06 941-747-05 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		

BYRON E. SHINN, PRES



01192006 No Chg-NP CR2E037 (11/05)

4. FEI Number 27-0068930	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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02/06/06-80021-009 61.25