


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 21, 2006 8:00 am
Secretary of State

03-21-2006 90008 027 ****61.25

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| DOCUMENT # N05000005311 |  |
| 1. Entity Name SILVER OAK WATER COOPERATIVE, INC. | |

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| Principal Place of Business 35124 SILVER OAK DR. LEESBURG FL 34748 | Mailing Address 35124 SILVER OAK DR. LEESBURG FL 34748 |
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| 2. Principal Place of Business | 3. Mailing Address |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip | Country |

1st MOORE CR2E037 (10/05)

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| 4. FEI Number 54-2175100 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent HAMILTON, JAMES 35124 SILVER OAK DR. LEESBURG FL 34748 | 7. Name and Address of New Registered Agent Name HAMILTON, JAMES Street Address (P.O. Box Number is Not Acceptable) 35124 SILVER OAK DR. City LEESBURG FL Zip Code 34788 |
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| 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 <i>James Hamilton</i> Signature, typed or printed name of registered agent and title if applicable | JAMES HAMILTON 02-19-06 (NOTE: Registered Agent signature required when reinstating) DATE |

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| FILE NOW: 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 | Make Check Payable to Florida Department of State |
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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|--|--|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P HAMILTON, JAMES 35124 SILVER OAK DR. LEESBURG FL 34748 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V WRIGHT, JAMES 35127 SILVER OAK DR. LEESBURG FL 34748 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ST THOMAS, FORREST 35015 SILVER OAK DR. LEESBURG FL 34748 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

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| SIGNATURE: <i>James Hamilton</i> Signature, typed or printed name of registered agent and title if applicable | JAMES HAMILTON 02-19-06 (NOTE: Registered Agent signature required when reinstating) DATE |
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