## 2005 NOT-FOR-PROFIT CORPORATION

		ANNUAL									
DOCUMENT # N9400002408  1. Entity Name LLOYD WATERWORKS AUTHORITY, INC.											
Principal Plac	•										
Principal Place of Business P.O. BOX 82			Mailing Address P.O. BOX 82								
LLOYD, FL 32337			LLOYD, FL 32337								
2. Principal Place of Business			3. Mailing Address								
Sulte, Apt. #, etc.			Suite, Apt. #, etc.				05182005	Chg-NP	CR2E03	7 (10/03)	
City & State			City & State				4. FEI Number 59-33905	34			plied For t Applicable
Zìp		Country	Zip				5. Certificate of Status Desired   \$8.75 Additional Fee Required				
6. Name and Address of Current Registered Agent							7. Name and Ac	Idress of New	Registered A	igent	
COCHRAN, RUBY CORNER OF MAIN ST. & NOTRA DAME LLOYD, FL 32337  Name 30  Street Address (							By D. C. O. Box Number in 10 e 12 e y	Not Acceptate		-	
					City - To	110	mssec		FL	Zip Code	2 0 1
8. The above	y submits this statement for		in the State of I		amiliar with.	and accept					
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.											
TRII V											
SIGNATURE Thought a grant and control and the it applicable (NOTE Parities of Applicable)											
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE  DATE											
Filing Fee is \$61.25  Due by September 7, 2005  9. Election Campaign Financing Trust Fund Contribution.								Fi	Make check orida Depart		
10.		OFFICERS AND DIR	ECTORS	11.		А	DDITIONS/CHAN	GES TO OFFIC	ERS AND DIF	ECTORS IN	10
TITLE	ST		<b>⊠</b> Delete	Delete TITLE			70	<u> </u>	_	Change	Addition
NAME	COCHRAN, RUBY RESS   P.O. BOX 82 N/A				E \	ゔ゙゙゙゙゙゚	p pa 1)	coope	.]{ \  <del>e</del> \  e \		
STREET ADDRESS CITY-ST-ZIP	LLOYD, F					obby D. Cooper 12 Wellewa Nene 111Amssec. Fl 32301					
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STREET ADDRESS	P.O. BOX	8 N/A		ET ADDRESS							
CITY-ST-ZIP	LLOYD, F	L 32337		CITY-S							
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NAME STREET ADDRESS	P.O. BOX	FITZGERALD 212 N/A		NAME				<b>005</b> 9 050106	1199	418	
CITY-ST-ZIP	LLOYD, F			STREET ADDRESS City-St-Zip			08/31/	050108	67011	**123.	.00
TITLE	D		☐ Delete	TITLE						☐ Change	Addition
NAME	WATSON	, JOE		NAME	I					- onlinge	7.50.11011
STREET ADDRESS	P.O. BOX				ET ADDRESS						
CITY-ST-ZIP	LLOYD, F	L 32337		СПҮ-	-ST-ZIP						
TITLE NAME			☐ Delete	TITLE	I					☐ Change	☐ Addition
STREET ADDRESS					ET ADDRESS						
CITY - ST - ZIP					-ST-ZIP						
TITLE			☐ Delete	TITLE						☐ Change	Addition
NAME				NAME	· !						
STREET ADDRESS CITY-ST-ZIP					ET ADDRESS -ST-ZIP						
	entify that the	a information supplied with	this filing does not qualify for the	J		in Co-	ntion 110 07/23/2	Florido Ctatuta	16 what	if , short the '-	formation
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on 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 a condess, with all other like empowered.											
SIGNAT	URF: T	3066-10 6	000LU				1 (	ALLO B!	2 2	10-72	32
SIGNATURE: 30557 D. Co open 1 Aug 85 510-7233 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dayling Phone #											