


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2005 8:00 am
Secretary of State

01-26-2005 90029 033 ****61.25

DOCUMENT # N95000000724	
1. Entity Name SUNCOAST WATERWORKS, INC.	

Principal Place of Business 1310 DOROTHY DRIVE CLEARWATER, FL 34642 US	Mailing Address P O BOX 1464 LARGO, FL 33779-1464 US
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50007018



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01122005 Chg-NP CR2E037 (10/03)

4. FEI Number 59-3298360	Applied For <input type="checkbox"/> Not Applicable
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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		7. Name and Address of New Registered Agent	
PAULK, KAREN 1310 DOROTHY LANE CLEARWATER, FL 33764		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$81.25 Due by May 1, 2005	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	VPD AGUERO, OLGA <input checked="" type="checkbox"/> Delete 1708 LAFOREST AVE SAFETY HARBOR, FL 34695	TITLE NAME STREET ADDRESS CITY-ST-ZIP	U Alexander, Forbes <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1604 Country Trails Dr Safety Harbor, FL 34695
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COOKE, ROBINNE <input type="checkbox"/> Delete 105 HARBOR WOODS CIRCLE SAFETY HARBOR, FL 34695	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ROWLAND, MILAM <input checked="" type="checkbox"/> Delete 1828 VENETIAN PT DR CLEARWATER, FL 33755	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Worley, Chetta <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 407 Bayview St. Safety Harbor, FL 34695
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	M SG Comerford <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 424 7th Ave N Tierra Verde, FL 33715
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Gouack, Anne Marie <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3317 San Pedro Clearwater, FL 33759
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

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 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: *Susan C. [Signature]* **1/22/05 757-644-6979**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #