


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2004 8:00 am
Secretary of State

02-05-2004 90013 036 ****61.25

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|---|----------------------------|---|--|---|--|
| DOCUMENT # N99000003847 | | | |  | |
| 1. Entity Name FAIR WATER RIGHTS, INC. | | | | | |
| Principal Place of Business 4645 HWY 92 W PLANT CITY, FL 33567 | | | Mailing Address P O BOX 522 THONOTOSASSA, FL 33592 | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 4. FEI Number 59-3710253 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| PEAVYHOUSE, RUSSELL K. 10002 PRINCESS PALM AVE, SUITE 228 TAMPA, FL 33619 | | | Name <u>PEAVYHOUSE, RUSSELL K.</u> Street Address (P.O. Box Number is Not Acceptable) <u>100 EAST BAKER STREET</u> <u>SUITE 201</u> City <u>PLANT CITY</u> FL <u>33563</u> | | |
| 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. <div style="display: flex; justify-content: space-between;"> SIGNATURE <u>SAME AGENT - HIS ADDRESS JUST CHANGED</u> DATE _____ </div> <p style="font-size: small;">(NOTE: Registered Agent signature required when reinstating)</p> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2004 | | 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 | | | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| D <input type="checkbox"/> CARLTON, ROBERT 202 KNIGHTS GRIFFIN RD E PLANT CITY, FL 33565 | D <input type="checkbox"/> | | | | |
| D <input type="checkbox"/> MARKS, MICHAEL 4645 US HWY 92 W PLANT CITY, FL 33566 | D <input type="checkbox"/> | | | | |
| D <input type="checkbox"/> YOUNG, ROBERT 6205 KNIGHTS GRIFFIN RD W PLANT CITY, FL 33566 | D <input type="checkbox"/> | | | | |
| D <input type="checkbox"/> SHIVERS, BOB 1108 KNIGHTS GRIFFIN RD E PLANT CITY, FL 33565 | D <input type="checkbox"/> | | | | |
| D <input type="checkbox"/> COLLINS, SALLY 4902 KNIGHTS GRIFFIN RD W PLANT CITY, FL 33566 | D <input type="checkbox"/> | | | | |
| D <input type="checkbox"/> PERRY, ROGER 202 KNIGHTS GRIFFIN RD E PLANT CITY, FL 33565 | D <input type="checkbox"/> | | | | |
| 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: <u>Joseph C. Costine</u> JOSEPH C. COSTINE Treasurer | | | | | |
| Date <u>2/2/04</u> Daytime Phone # <u>(863) 858-5845</u> | | | | | |