

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 07, 2005 08:00 AM**  
**Secretary of State**

**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**

**DO NOT WRITE IN THIS SPACE**



03042005 No Chg-NP CR2E037 (10/03)

4. FEI Number  
**59-3710253**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**PEAVYHOUSE, RUSSELL K  
1001 EAST BAKER STREET  
201  
PLANT CITY, FL 33563**

**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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARLTON, ROBERT 202 KNIGHTS GRIFFIN RD E PLANT CITY, FL 33565
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARKS, MICHAEL 4645 US HWY 92 W PLANT CITY, FL 33566
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YOUNG, ROBERT 6205 KNIGHTS GRIFFIN RD W PLANT CITY, FL 33566
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHIVERS, BOB 1108 KNIGHTS GRIFFIN RD E PLANT CITY, FL 33565
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COLLINS, SALLY 4902 KNIGHTS GRIFFIN RD W PLANT CITY, FL 33566
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PERRY, ROGER 202 KNIGHTS GRIFFIN RD E PLANT CITY, FL 33565

U00000253351  
03/07/05-80029-019 61.25

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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: \_\_\_\_\_

*Joseph Costine* **JOSEPH COSTINE** 3/4/05 863/244-7900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

**TREASURER**