


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2005 08:00 AM
Secretary of State

DOCUMENT # P00000010942	
1. Entity Name SK WATERMAKERS, INC.	

Principal Place of Business 4675 N US 1 SUITE 1 FT. PIERCE, FL 34946	Mailing Address 4675 N US 1 SUITE 1 FT. PIERCE, FL 34946
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01232005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0982965	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent MOYE, KATHLEEN LYNN 4675 N US 1 SUITE 1 FT. PIERCE, FL 34946
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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 <u>Kathy Moye</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>	<u>Kathy Moye - Secretary</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>	<u>2/21/05</u> <small>DATE</small>

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000248712 03/02/05-80040-004 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHMIDT, IVER NISSEN 4682 ARCADIA AVENUE FT. PIERCE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOYE, KATHLEEN LYNN 4682 ARCADIA AVENUE FT. PIERCE, FL
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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)(f), 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 607, 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>Kathy Moye</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<u>Kathy Moye</u>	<u>2/21/05</u> <u>772-489-0852</u> <small>Date Daytime Phone #</small>