2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000039219

1. Entity Name
WATERCRESS, INC.

Principal Place of Business	Mailing Address
7041 HIRAMS ROAD SOUTHPORT, FL 32409	P.O. BOX 382 LYNN HAVEN, FL 32444

DO NOT WRITE IN THIS SPACE

03082008   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
59-3637475	Not Applicable

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

6. Name and Address of Current Registered Agent

CHATONEY, WILLIAM M
7041 HIRAMS ROAD
SOUTHPORT, FL 32409

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

FILE NOW!!! FEE IS $150.00 **After May 1, 2008 Fee will be $550.00**	9. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees	U00000888030 04/21/08-80044-002 150.00

10.   OFFICERS AND DIRECTORS

TITLE	PVST
NAME	CHATONEY, WILLIAM M
STREET ADDRESS	7103 HWY 77
CITY-ST-ZIP	SOUTHPORT, FL 32409

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _William M. Chatoney_   3-12-08   850-271-0555

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #