

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90578 045 ***150.00

DOCUMENT # P00000096817

1. Entity Name

W.A.T.E.R., INC.



Principal Place of Business

6316 WISTERIA LANE
APOLLO BEACH FL 33572

Mailing Address

P.O. BOX 3340
APOLLO BEACH FL 33572

2. Principal Place of Business

333 FALLENBURG RD

3. Mailing Address

Suite, Apt. #, etc.

A-128

City & State

TAMPA FL

City & State

Zip

33619

Country

Zip

Country

4. FEI Number

59-3678352

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RICHARD, RALPH P ESQ
12561 ALLENDALE CIRCLE
FORT MYERS FL 33912

7. Name and Address of New Registered Agent

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	MURPHY, ROBERT J	
STREET ADDRESS	1441 JUMANA LOOP	
CITY-ST-ZIP	APOLLO BEACH FL 33572	
TITLE	D	<input type="checkbox"/> Delete
NAME	MURPHY, BONNIE B	
STREET ADDRESS	1441 JUMANA LOOP	
CITY-ST-ZIP	APOLLO BEACH FL 33572	
TITLE	D	<input type="checkbox"/> Delete
NAME	GARGAS, JOSEPH E	
STREET ADDRESS	6316 WISTERIA LANE	
CITY-ST-ZIP	APOLLO BEACH FL 33572	
TITLE	D	<input type="checkbox"/> Delete
NAME	GARGAS, DONNA M	
STREET ADDRESS	6316 WISTERIA LANE	
CITY-ST-ZIP	APOLLO BEACH FL 33572	
TITLE	D	<input type="checkbox"/> Delete
NAME	RICHARD, RALPH P	
STREET ADDRESS	12561 ALLENDALE CIRCLE	
CITY-ST-ZIP	FORT MYERS FL 33912	
TITLE	D	<input type="checkbox"/> Delete
NAME	RICHARD, SANDRA T	
STREET ADDRESS	12561 ALLENDALE CIRCLE	
CITY-ST-ZIP	FORT MYERS FL 33912	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 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:

Robert Murphy
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04/22/04 813 657-8243