

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 07, 2005 8:00 am
Secretary of State

07-07-2005 90007 024 ***550.00

DOCUMENT # P00000096817																	
1. Entity Name W.A.T.E.R., INC.																	
Principal Place of Business 333 FALLEN BURG RD. A-128 TAMPA, FL 33619			Mailing Address P.O. BOX 3340 APOLLO BEACH, FL 33572														
2. Principal Place of Business 333 FALLEN BURG RD.			3. Mailing Address														
Suite, Apt. #, etc. A-128			Suite, Apt. #, etc.														
City & State TAMPA			City & State														
Zip FL		Country		Zip Country													
4. FEI Number 59-3678352																	
5. Certificate of Status Desired <input type="checkbox"/> \$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																	
State 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 _____ (NOTE: Registered Agent signature required when reconstituting)																	
Signature, typed or printed name of registered agent and title if applicable.																	
FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005																	
9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees																	
10. OFFICERS AND DIRECTORS																	
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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 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: _____																	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR																	
Date 07/05/05 (813)-657-8243																	
Daytime Phone #																	