


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2007 08:00 AM
Secretary of State

DOCUMENT # P01000033709 1. Entity Name WATER'S EDGE OF CEDAR KEY, INC.	
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Principal Place of Business 7690 S.W. SR 24 CEDAR KEY, FL 32625	Mailing Address POST OFFICE BOX 732 CEDAR KEY, FL 32625
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04192007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3715506	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent STANFIELD, BRENDA 7690 S.W. SR 24 CEDAR KEY, FL 32625

**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, 2007 Fee will be \$550.00**

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 MCJORDAN, BARBARA POST OFFICE BOX 732 CEDAR KEY, FL 32625
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MCJORDAN, WALTON POST OFFICE BOX 732 CEDAR KEY, FL 32625
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MCJORDAN, DOUGLAS POST OFFICE BOX 732 CEDAR KEY, FL 32625
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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05/02/07-80080-002 158.75

**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: Walton McJordan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-19-07 ³⁵²
Date Daytime Phone # **543-5836**