

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 11, 2008 8:00 am**  
**Secretary of State**

01-11-2008 90035 033 \*\*\*150.00

**DOCUMENT # P01000042528**

1. Entity Name  
**CONSOLIDATED WATER WORKS, INC.**



Principal Place of Business  
**207 SOUTHEAST BAXTER LANE  
LAKE CITY, FL 32025 US**

Mailing Address  
**P.O. BOX 191  
LAKE CITY, FL 32056**

40000



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01052008

Chg-P

CR2E034 (12/06)

4. FEI Number

**59-1508715**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**ESPENSHIP, JOHN M  
207 SOUTHEAST BAXTER LANE  
LAKE CITY, FL 32025**

7. Name and Address of New Registered Agent

Name

**SEAN ESPENSHIP**

Street Address (P.O. Box Number is Not Acceptable)

**1619 6th STREET SOUTH**

City

**JACKSONVILLE BCH FL**

Zip Code

**32250**

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]* **DIRECTOR**

(NOTE: Registered Agent signature required when reinstating)

DATE

**1/4/08**

**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

10. OFFICERS AND DIRECTORS

TITLE **DVP** ☐ Delete  
NAME **ESPENSHIP, JOHN M**  
STREET ADDRESS **1080 ALAMO DR**  
CITY-ST-ZIP **LAKE CITY, FL 32025**

TITLE **PD** ☐ Delete  
NAME **ESPENSHIP, JEFFREY D**  
STREET ADDRESS **736 JAMIE WAY**  
CITY-ST-ZIP **WOODSTOCK, GA 30188**

TITLE **STD** ☐ Delete  
NAME **ESPENSHIP, SEAN**  
STREET ADDRESS **1650 6TH AVE. N.**  
CITY-ST-ZIP **JACKSONVILLE BEACH, FL 32250**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DVP** ☒ Change ☐ Addit  
NAME **ESPENSHIP, John M.**  
STREET ADDRESS **506 SW ALAMO DRIVE**  
CITY-ST-ZIP **LAKE CITY, FL 32025**

TITLE **PD** ☒ Change ☐ Addit  
NAME **ESPENSHIP, Jeffrey D.**  
STREET ADDRESS **4916 SHALLOW CREEK TRAIL**  
CITY-ST-ZIP **KENNESAW, GA 30144**

TITLE **STD** ☒ Change ☐ Addit  
NAME **ESPENSHIP SEAN A.**  
STREET ADDRESS **1619 6th Street South**  
CITY-ST-ZIP **JACKSONVILLE BCH, FL 32250**

TITLE ☐ Change ☐ Addit  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addit  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addit  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*[Signature]* **SEAN ESPENSHIP**  
**DIRECTOR**

**1/4/08**

**904-591-6780**