2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

## FILED DOCUMENT # P01000064162 Feb 02, 2007 08:00 AM **Secretary of State** R BROADWATER MONITORING, INC. Principal Place of Business Mailing Address 609 TORCHWOOD DR 609 TORCHWOOD DR DELAND FL 32724 DELAND FL 32724 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & State 4. FEI Number Applied For 59-3732804 Not Applicable Zio Zin Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BROADWATER, ROBERT B Street Address (P.O. Box Number is Not Acceptable) **609 TORCHWOOD DR** DELAND FL 32724 City 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 it applicable (NOTF-Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9, Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10, 11. IIII Delete HILE ☐ Change BROADWATER, ROBERT B NAME U00000618828 NAME 609 TORCHWOOD DR SINCE LADDRESS STREET ADDRESS 02/08/07-80046-004 150.00 DELAND FL 32724 CITY ST-ZIP CHY SI-782 Change Addillon 🔲 ☐ Detete IIILE NAME STREET ADDRESS STREET ADDRESS CITY ST-7IP CITY-SI ZIP Chance Addition Defete IHIE MILE NAME NAME STREET ADDRESS STREET ADDRESS CITY ST ZIP CHY SI 78P ☐ Change Addition 🗌 ☐ Delete IIILE 11111 NAMI NAMI SIRLET ADDRESS STREET ADDRESS CHY ST-ZIP CITY ST ZIP Change Addition ☐ Delete IIILE MH NAM STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZE ☐ Delete HILE Change Addition NAME STREET ADDRESS STREET ADDRESS CRY-SI-7P 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 logal effect as if made under eath; 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.