

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 08, 2005 8:00 am**  
**Secretary of State**

04-08-2005 90043 037 \*\*\*158.75

**DOCUMENT # P01000094742**

1. Entity Name

SUNCOAST WATER GARDENS, INC.



Principal Place of Business

9299 COUNTY LINE RD  
SPRING HILL FL 34608

Mailing Address

9299 COUNTY LINE RD  
SPRING HILL FL 34608

2. Principal Place of Business

SAME

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



1st MOORE

CR2E034 (10/04)

4. FEI Number ~~20-2212530~~  
90-3655288

Applied For  
Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~DOWNEY, EDWARD~~ John OHLING  
9299 COUNTY LINE RD  
SPRING HILL FL 34608

Name

John OHLING

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

9299 County LINE Rd

City

Spring Hill

FL

Zip Code

34608

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

*John Ohling*

John OHLING

(NOTE: Registered Agent signature required when reinstating)

DATE

3-28-05

**FILE NOW!! FEE IS \$150.00**  
**After May 1, 2005 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 ☐ Delete  
NAME OHLING, JOHN  
STREET ADDRESS 17024 AKINS DR  
CITY-ST-ZIP SPRING HILL FL 34610

TITLE D ☐ Delete  
NAME OHLING, BEVERLY  
STREET ADDRESS 17024 AKINS DR  
CITY-ST-ZIP SPRING HILL FL 34610

TITLE D ☒ Delete  
NAME DOWNEY, EDWARD  
STREET ADDRESS 12810 BOX DR  
CITY-ST-ZIP HUDSON FL 34667

TITLE D ☒ Delete  
NAME DOWNEY, WENDY  
STREET ADDRESS 9299 COUNTY LINE RD  
CITY-ST-ZIP SPRING HILL FL 34608

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 ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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

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

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

TITLE ☐ Change ☐ 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:

*Beverly Ohling*

BEVERLY OHLING

3-28-05

352-688-8788

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #