

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 31, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000014909	
1. Entity Name WATER REFINING CO.	

Principal Place of Business 7091-A PINNACLE DRIVE FT MYERS FL 33907	Mailing Address 7091-A PINNACLE DRIVE FT MYERS FL 33907
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E034 (10/05)

4. FEI Number 03-0448749	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
WILLIAMS, DONALD P 405 S.E. 30TH TERRACE CAPE CORAL FL 33904		Name Street Address (P.O. Box Number is Not Acceptable) City 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 Signature, typed or printed name of registered agent and title if applicable	(NOTE: Registered Agent signature required when reinstating)	DATE
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FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐	\$5.00 May Added to Fee
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	NAME	☐ Delete		TITLE	NAME	☐ Change ☐ Add	
STREET ADDRESS	BIGGERMAN, GREGORY			STREET ADDRESS	000000409797		
CITY-ST-ZIP	4071 PRAIRIE VIEW DR NO SARASOTA FL 34236			CITY-ST-ZIP	02/09/06-80010-014 150.00		
TITLE	NAME	☐ Delete		TITLE	NAME	☐ Change ☐ Add	
STREET ADDRESS	DT SPRINGSTON, CINDY			STREET ADDRESS			
CITY-ST-ZIP	4085 E ALLENDALE ST INVERNESS FL 34453			CITY-ST-ZIP			
TITLE	NAME	☐ Delete		TITLE	NAME	☐ Change ☐ Add	
STREET ADDRESS	DS WILLIAMS, DONALD P			STREET ADDRESS			
CITY-ST-ZIP	405 S.E. 30TH TERR CAPE CORAL FL 33904			CITY-ST-ZIP			
TITLE	NAME	☐ Delete		TITLE	NAME	☐ Change ☐ Add	
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE	NAME	☐ Delete		TITLE	NAME	☐ Change ☐ Add	
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE	NAME	☐ Delete		TITLE	NAME	☐ Change ☐ Add	
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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 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: *DONALD P. WILLIAMS*
Donald P. Williams

1-27-06 *(239) 936-34*