

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 12, 2007 8:00 am**  
**Secretary of State**

02-12-2007 90100 044 \*\*\*150.00

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



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

405 S.E. 30<sup>th</sup> TERRACE

3. Mailing Address

405 S.E. 30<sup>th</sup> TERRACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

CAPE CORAL, FL.

City & State

CAPE CORAL, FL

4. FEI Number

03-0448749

Applied For

Not Applicable

Zip

33904

Country

U.S.A

Zip

33904

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

WILLIAMS, DONALD P  
405 S.E. 30TH TERRACE  
CAPE CORAL FL 33904

7. Name and Address of New Registered Agent

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 re-registering.)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 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 DP ☐ Delete  
NAME BIGGERMAN, GREGORY  
STREET ADDRESS 4071 PRAIRIE VIEW DR NO  
CITY-ST-ZIP SARASOTA FL 34236

TITLE DT ☐ Delete  
NAME SPRINGSTON, CINDY  
STREET ADDRESS 4085 E ALLENDALE ST  
CITY-ST-ZIP INVERNESS FL 34453

TITLE DS ☐ Delete  
NAME WILLIAMS, DONALD P  
STREET ADDRESS 405 S.E. 30TH TERR  
CITY-ST-ZIP CAPE CORAL FL 33904

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

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

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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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 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-30-07

239-565-0852