2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000109161

1. Entity Name
QUIET WATERS NORRISLAKE INC.

Principal Place of Business	Mailing Address
4359 ST ANDREWS DR	4359 ST ANDREWS DR
BOYNTON BEACH, FL 33436	BOYNTON BEACH, FL 33436

DO NOT WRITE IN THIS SPACE

03182007   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
01-0744699	Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

RUGG, WADE D
4359 ST ANDREWS DR
BOYNTON BEACH, FL 33436

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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 3/29/07

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐   **$5.00** May Be Added to Fees

10.	OFFICERS AND DIRECTORS
TITLE	D
NAME	RUGG, WADE D
STREET ADDRESS	4359 ST ANDREWS DR
CITY-ST-ZIP	BOYNTON BEACH, FL 33436
TITLE	VD
NAME	TUMAN-RUGG, CONSTANCE DR.
STREET ADDRESS	4359 ST ANDREWS DR
CITY-ST-ZIP	BOYNTON BEACH, FL 33436
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/06/07-80059-014 150.00

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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: _____ 3/29/07 561 281 3545

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #