


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED..
Jan 31, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000131769 1. Entity Name WATER & WASTEWATER OPCON, INC.	
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Principal Place of Business 8290 NW 188TH ST STARKE, FL 32091	Mailing Address 8290 NW 188TH ST STARKE, FL 32091
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01112005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 56-2311891	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**MAGYARI, FREDERICK A
8290 NW 188TH ST
STARKE, FL 32091**

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CEO MAGYARI, FREDERICK A 8290 NW 188TH ST STARKE, FL 32091
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P MAGYARI, FREDERICK A 8290 NW 188TH ST STARKE, FL 32091
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S MAGYARI, LINDA S 8290 NW 188TH ST STARKE, FL 32091
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02/01/05-80026-011 158.75

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: Frederick A. Magyari / Frederick A. Magyari 01-27-05 (904) 364-6841
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #