2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 21, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000025727

1. Entity Name
FLORIDA WATER GARDENS, INC.

Principal Place of Business	Mailing Address
3029 FORSYTH RD WINTER PARK, FL 32792	3029 FORSYTH RD WINTER PARK, FL 32792

DO NOT WRITE IN THIS SPACE

08072006 No Chg-P CR2E034 (11/05)

4. FEI Number
56-2325590
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145

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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

FILE NOW!!! FEE IS $150.00
Due by September 6, 2006

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	COMBAS, JOSE ALFREDO
STREET ADDRESS	3029 FORSYTH RD
CITY-ST-ZIP	WINTER PARK, FL 32792
TITLE	S
NAME	COMBAS, JOSE ANTONIO
STREET ADDRESS	3029 FORSYTH RD
CITY-ST-ZIP	WINTER PARK, FL 32792
TITLE	T
NAME	COMBAS, JOHN JOSE
STREET ADDRESS	3029 FORSYTH RD
CITY-ST-ZIP	WINTER PARK, FL 32792
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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08/21/06-80003-015 150.00

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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 empowerment.

SIGNATURE: Jose A. Combas 8-12-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

SIGN HERE