

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2008 8:00 am
Secretary of State

03-24-2008 90071 001 ***150.00

DOCUMENT # P03000050771 1. Entity Name SOUTH FLORIDA WATER SERVICES, INC.			
Principal Place of Business 1406 RIDGEWOOD LANE SARASOTA, FL 34231 US		Mailing Address 1406 RIDGEWOOD LANE SARASOTA, FL 34231 US	
2. Principal Place of Business - No P.O. Box # 100 4TH AVENUE SOUTH Suite, Apt. #, etc. APT. 322 City & State ST PETERSBURG, FLORIDA Zip 33701 Country US		3. Mailing Address 100 4TH AVENUE SOUTH Suite, Apt. #, etc. APT. 322 City & State ST PETERSBURG, FLORIDA Zip 33701 Country US	
4. FEI Number 06-1691448		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SIEBENTHAL, JOSHUA L 1406 RIDGEWOOD LANE SARASOTA, FL 34231		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 100 4TH AVENUE SOUTH APT. # 322 City ST PETERSBURG FL Zip Code 33701	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPST SIEBENTHAL, JOSHUA L 1406 RIDGEWOOD LANE SARASOTA, FL 34231	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:		03-21-08 727387354	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	

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