2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

5/7/2(

FILED
Jun 17, 2004 8:00 am
Secretary of State
05-07-2004 90137 030 ***150.00

DOCUMENT # P03000065791

1. Entity Name
STABLE WATERS, INC.

Principal Place of Business	Mailing Address
499 SE CALMOSO DR PORT ST LUCIE FL 34983	1573 SE CAMBRIDGE DR PORT ST LUCIE FL 34952

~~U2DU

[redacted]

MOORE CR2E034 (11/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 30-0220652 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ALLOCCO, PHILIP SR. 1573 SE CAMBRIDGE DR PORT ST LUCIE FL 34952	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 reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PRESIDENT	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	PHILIP ALLOCCO		NAME	
STREET ADDRESS	1573 SE CAMBRIDGE DR		STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE	VICE PRESIDENT	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	PHILIP ALLOCCO JR		NAME	
STREET ADDRESS	499 SE CALOMOSO DR		STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Philip Allocco 5/1/04 (772) 398-5221
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #