


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 26, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P03000118256

1. Entity Name  
 JACKIE O. WATERS, INC.



Principal Place of Business      Mailing Address

3819 AVENUE T NW      3819 AVENUE T NW  
 WINTER HAVEN, FL 33881-1054 US      WINTER HAVEN, FL 33881-1054 US

**DO NOT WRITE IN THIS SPACE**



01212005      No Chg-P      CR2E034 (10/03)

4. FEI Number      Applied For  
 20-0343338      Not Applicable

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

6. Name and Address of Current Registered Agent

WATERS, JACKIE O  
 3819 AVENUE T NW  
 WINTER HAVEN, FL 33881-1054

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

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

UN0000197329  
 01/27/05-80007-010 150.00

10. OFFICERS AND DIRECTORS

|                |                            |
|----------------|----------------------------|
| TITLE          | PD                         |
| NAME           | WATERS, JACKIE O           |
| STREET ADDRESS | 3819 AVENUE T NW           |
| CITY-ST-ZIP    | WINTER HAVEN, FL 338811054 |
| TITLE          | STD                        |
| NAME           | WATERS, EVELYN J           |
| STREET ADDRESS | 3819 AVENUE T NW           |
| CITY-ST-ZIP    | WINTER HAVEN, FL 338811054 |
| 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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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: *Evelyn J. Waters*      SEC/TREAS      1/21/05      863-967-9275  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

*EVELYN J. WATERS*