


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 18, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P03000118256</b> 1. Entity Name JACKIE O. WATERS, INC.	
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Principal Place of Business 3819 AVENUE T NW WINTER HAVEN, FL 33881-1054 US	Mailing Address 3819 AVENUE T NW WINTER HAVEN, FL 33881-1054 US
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**DO NOT WRITE IN THIS SPACE**



01122007 No Chg-P CR2E034 (11/05)

4. FEI Number 20-0343338	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  WATERS, JACKIE O 3819 AVENUE T NW WINTER HAVEN, FL 33881-1054
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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	U000000589963 01/18/07-80037-024 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD WATERS, JACKIE O 3819 AVENUE T NW WINTER HAVEN, FL 338811054
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD WATERS, EVELYN J 3819 AVENUE T NW WINTER HAVEN, FL 338811054
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD WATERS, GREGORY A 3509 TOM MATTHEWS RD LAKELAND, FL 33810
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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: Evelyn J. Waters Secretary 1/12/07 863-967-9225  
SIGNATURE AND TYPED OR PRINTED NAME OF SHORING OFFICER OR DIRECTOR Date Daytime Phone #