


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 01, 2006 08:00 A**  
**Secretary of State**

<b>DOCUMENT # P03000145915</b> 1. Entity Name WATER WORKS, INC.	
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Principal Place of Business 4055 OLD MONROE SCHOOL RD. LAKE MONROE, FL 32747	Mailing Address P.O. BOX 470150 LAKE MONROE, FL 32747-0150
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01312006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 51-0490090	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  RATCHFORD, KEITH 4055 OLD MONROE SCHOOL RD. LAKE MONROE, FL 32747
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**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 \_\_\_\_\_  
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, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RATCHFORD, KEITH 4055 OLD MONROE SCHOOL RD LAKE MONROE, FL 32747
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RATCHFORD, TERRI 4055 OLD MONROE SCHOOL RD. LAKE MONROE, FL 32747
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RATCHFORD, CORY 4055 OLD MONROE SCHOOL RD. LAKE MONROE, FL 32747
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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05/11/06-80066-007 150.00

**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: Terrie E. Ratchford Terrie E. Ratchford 4/27/06 948-2454  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #