

2007 FOR PROFIT CORPORATION ANNUAL REPORT

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Mar 16, 2007 8:00 am
Secretary of State

03-16-2007 90041 034 ***150.00

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01302007 Chg-P CR2E034 (12/06)

DOCUMENT # P03000152551			
1. Entity Name J.C. GALLOWAY THE WATER DOCTOR, INC.			
Principal Place of Business 2750 LARKSPUR ROAD DELAND, FL 32724 US		Mailing Address 2750 LARKSPUR ROAD DELAND, FL 32724 US	
2. Principal Place of Business - No P.O. Box # 4075 N. Highway 17 Suite, Apt. #, etc.		3. Mailing Address 4075 N. Highway 17 Suite, Apt. #, etc.	
City & State DeLand, FL		City & State DeLand, FL	
Zip 32720	Country	Zip 32720	Country
4. FEI Number 20-0498417		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GALLOWAY, JAMES C 2750 LARKSPUR ROAD DELAND, FL 32724		7. Name and Address of New Registered Agent Name James C. Galloway Street Address (P.O. Box Number is Not Acceptable) 4075 N. Highway 17 City DeLand FL Zip Code 32720	
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)</small> DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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	P GALLOWAY, JAMES C 2750 LARKSPUR ROAD DELAND, FL 32724 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4075 N. Highway 17 DeLand, FL 32720
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST GALLOWAY, MARYL 2750 LARKSPUR ROAD DELAND, FL 32724 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4075 N. Highway 17 DeLand, FL 32720
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>James C. Galloway</u> Vice President		03-14-07 386-985-2685	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	