


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT # P04000041576**

1. Entity Name  
**WATER'S EDGE FINE DINING, INC.**



FILED  
 07 FEB -2 AM 9:48  
 STATE OF FLORIDA  
 WACHSEE, FLORIDA

Principal Place of Business      Mailing Address

6024 CORTEZ BLVD.      6024 CORTEZ BLVD.  
 WEEKI WACHEE, FL 34607      WEEKI WACHEE, FL 34607



01252007    No Chg-P    CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**42-1621826**      Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**FOLEY, DEBRA SHAW**  
 7399 JOMEL DR  
 SPRING HILL, FL 34607

**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, 2007 Fee will be \$550.00**

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

DATE  
 02/08/07-80035-010 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	SHAW-FOLEY, DEBRA
STREET ADDRESS	7399 JOMEL DR
CITY-ST-ZIP	SPRING HILL, FL 34607
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 applicable, or on an attachment with an address, with all other like empowerments.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: DEBRA SHAW FOLEY      DATE: 2/8/07      Daytime Phone # \_\_\_\_\_