


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 _____ (NOTE: Registered Agent signature required when reinstating)

DATE _____

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**

000000618594
 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 empowers.

SIGNATURE: *Debra Shaw Foley* DEBRA SHAW FOLEY X 1/28/07 Date Daytime Phone #