

2007 FOR PROFIT CORPORATION ANNUAL REPORT

112

DOCUMENT # P04000077693

1. Entity Name
SOUTHWEST WATER FLORIDA, INC.



FILED

07 JAN 26 PM 3:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01152007 Chg-P CR2E034 (12/06)

Principal Place of Business
624 SOUTH GRAND AVENUE, SUITE 2900
ONE WILSHIRE BUILDING
LOS ANGELES, CA 90017

Mailing Address
624 SOUTH GRAND AVENUE, SUITE 2900
ONE WILSHIRE BUILDING
LOS ANGELES, CA 90017

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
20-1134027

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

900086307599

SIGNATURE

Signature, typed or printed name of registered agent and use if applicable

(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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D
NAME GALLARDA, MAURICE W
STREET ADDRESS 624 SOUTH GRAND AVENUE, SUITE 2900
CITY-ST-ZIP LOS ANGELES, CA 90017 ☒ Delete

TITLE Director
NAME Michael D. Quinn
STREET ADDRESS 624 S. Grand Ave., Ste. 2900
CITY-ST-ZIP Los Angeles, CA 90017 ☐ Change ☒ Addition

TITLE D
NAME MOERBEEK, PETER J
STREET ADDRESS 624 SOUTH GRAND AVENUE, SUITE 2900
CITY-ST-ZIP LOS ANGELES, CA 90017 ☒ Delete

TITLE Director
NAME Cheryl L. Clary
STREET ADDRESS 624 S. Grand Ave., Ste. 2900
CITY-ST-ZIP Los Angeles, CA 90017 ☐ Change ☐ Addition

TITLE VPF
NAME CLARY, CHERYL
STREET ADDRESS 624 SOUTH GRAND AVENUE, SUITE 2900
CITY-ST-ZIP LOS ANGELES, CA 90017 ☐ Delete

TITLE CFO/Secretary
NAME Cheryl L. Clary
STREET ADDRESS 624 S. Grand Ave., Ste. 2900, L.A., CA 90017 ☒ Change ☐ Addition

TITLE T
NAME BENCH, WALTER
STREET ADDRESS 624 SOUTH GRAND AVENUE, SUITE 2900
CITY-ST-ZIP LOS ANGELES, CA 90017 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE S
NAME FARNHAM, SHELLEY A
STREET ADDRESS 624 SOUTH GRAND AVE SUITE 2900
CITY-ST-ZIP LOS ANGELES, CA 90017 ☒ Delete

TITLE President
NAME Michael D. Quinn
STREET ADDRESS 624 S. Grand Ave., Ste. 2900, L.A., CA 90017 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE Vice President
NAME William C. Jasura
STREET ADDRESS 624 S. Grand Ave., Ste. 2900, L.A., CA 90017 ☐ Change ☒ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Cheryl L. Clary, Secretary

Date

Daytime Phone #

213-929-1800



CORPORATION SERVICE COMPANY

22

ACCOUNT NO. : 072100000032

REFERENCE : 729546 7387402

AUTHORIZATION :

COST LIMIT : \$ 150.00

[Signature]

ORDER DATE : January 25, 2007

ORDER TIME : 11:19 AM

ORDER NO. : 729546-005

CUSTOMER NO: 7387402

ANNUAL REPORT FILING

NAME: SOUTHWEST WATER FLORIDA, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Doreen Wallace-EXT#2928

EXAMINER'S INITIALS: _____

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2007 JAN 26 PM 12:59
NOTED
TO ACKNOWLEDGE
SUFFICIENCY OF FILING