

2007 FOR PROFIT CORPORATE ANNUAL REPORT

FILED
Mar 01, 2007 08:00 A
Secretary of State

DOCUMENT # P04000080277

1. Entity Name
SG WATER, INC.



Principal Place of Business
**201 E. KENNEDY BOULEVARD
SUITE 600
TAMPA, FL 33602 US**

Mailing Address
**201 E. KENNEDY BOULEVARD
SUITE 600
TAMPA, FL 33602 US**



02212007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1174166

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SAXON, BERNICE S
201 E. KENNEDY BOULEVARD
SUITE 600
TAMPA, FL 33602**

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

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SAXON, BERNICE ESQ
STREET ADDRESS	201 E. KENNEDY BOULEVARD, SUITE 600
CITY - ST - ZIP	TAMPA, FL 33602
TITLE	SD
NAME	GILOMORE, RICHARD L ESQ
STREET ADDRESS	201 E KENNEDY BLVD SUITE 600
CITY - ST - ZIP	TAMPA, FL 33602
TITLE	VPD
NAME	CARRAWAY, FRAZIER J JR,ESQ
STREET ADDRESS	201 E KENNEDY BLVD SUITE 600
CITY - ST - ZIP	TAMPA, FL 33602
TITLE	VPD
NAME	GIBBORS, JOHN B ESQ
STREET ADDRESS	201 E KENNEDY BLVD SUITE 600
CITY - ST - ZIP	TAMPA, FL 33602
TITLE	VPD
NAME	LASH, THOMAS A ESQ
STREET ADDRESS	201 E KENNEDY BLVD SUITE 600
CITY - ST - ZIP	TAMPA, FL 33602
TITLE	VPD
NAME	WILCOX, JOHN W ESQ
STREET ADDRESS	201 E KENNEDY BLVD SUITE 600
CITY - ST - ZIP	TAMPA, FL 33602

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03/12/07-80002-024 150.00

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Bernice S. Saxon, President

Date

Daytime Phone #

2/21/07 813-314-4500