

2008 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Feb 08, 2008 08:00 AM**  
**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



02052008 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, 2008 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 800  
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

U000000820804  
02/18/08-80043-016 150.00

**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, Pres. 2/5/08 813-314-4500

Date

Daytime Phone #