P04000123351

FILED
05 MAY -5 PM 12:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

4/5/05 010 150.00
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1st MOORE CR2E034 (10/04)

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P04000123351

1. Entity Name

WATER WORKS CONNECTION, INC.

Principal Place of Business	Mailing Address
17 MARINER LN ROTONDA WEST FL 33947 US	17 MARINER LN ROTONDA WEST FL 33947 US

2. Principal Place of Business	3. Mailing Address
17 Mariner Ln.	17 Mariner Ln.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Rotonda west	City & State: Rotonda West
Zip: 33947 Country: Charlotte	Zip: 33947 Country: Charlotte

4. FEI Number: 20-2448446 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

~~BOYD, CLAYTON~~
17 MARINER LN
ROTONDA WEST FL 33947

7. Name and Address of New Registered Agent

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.

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, 2005 Fee Will Be $550.00
Make Check Payable to Florida Department of State

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 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BOYD, CLAYTON P 17 MARINER LN ROTONDA WEST FL 33947	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	U00000288642 04/05/05-80018-010 150.00	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Clayton P. Boyd President 3/29/05 1-(941) 697-5026
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #