

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 21, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # P05000008402**

1. Entity Name  
ECOWATER OF LINDSAY, INC



Principal Place of Business  
530B HWY 17 SOUTH  
SAN MATEO, FL 32187

Mailing Address  
PO BOX 700  
SAN MATEO, FL 32187



03152007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
20-2185522

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

TOWER, LORI W  
793 RIDGELINE RD  
SAN MATEO, FL 32187

**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

U000000675662  
03/30/07-80028-003 150.00

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	TOWER, LORI W
STREET ADDRESS	793 RIDGELINE RD
CITY-ST-ZIP	SAN MATEO, FL 32187
TITLE	VP
NAME	BARTA, CYNTHIA M
STREET ADDRESS	1225 WALFORD RD
CITY-ST-ZIP	CEDAR RAPIDS, IA 52404
TITLE	SD
NAME	TOWER, GERALD R
STREET ADDRESS	793 RIDGELINE RD
CITY-ST-ZIP	SAN MATEO, FL 32187
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 changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *Gerald Tower* **GERALD TOWER**

03-19-07/386-328-4534

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #