### 2007 FOR PROFIT CORPORATION ... --**ANNUAL REPORT**

### DOCUMENT # P05000009030

WATER'S EDGE CONSTRUCTION, INC.



Principal Place of Business

142 ROUND LAKE CIRCLE PALATKA, FL 32177 US Mailing Address

142 ROUND LAKE CIRCLE PALATKA, FL 32177 US

## **FILED** Feb 12, 2007 08:00 AN **Secretary of State**



## DO NOT WRITE IN THIS SPACE

02072007 No Chg-P CR2E034 (11/05)

Applied For 4. FEI Number 72-1592081 Not Applicable 

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SANDERS, ROBERT E 142 ROUND LAKE CIRCLE PALATKA, FL 32177

# 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			Agent signature	e required when reinstating)	DATE
FiL After Ma	E NOW!!! FEE 1S \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Financ Trust Fund Contribution.	cing 🔲	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	CTORS			
NAME STREET ADDRESS CITY-ST-ZIP	P SANDERS, ROBERT E 142 ROUND LAKE CIRCLE PALATKA, FL 32177				
NAME STREET ADDRESS CITY-ST-ZIP					.U00000630945 02/20/07-80028-004 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
12. I hereby certify that the information supplied with this filling 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

Sanders

386-325-7162

Daylime Phone #