

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 16, 2007 08:00 AM
Secretary of State

DOCUMENT # P05000014041

1. Entity Name
DAM WATER, INC.



Principal Place of Business
820 BELL RD. UNIT A
SARASOTA, FL 34240

Mailing Address
820 BELL RD. UNIT A
SARASOTA, FL 34240



03202007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-2176138

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MCDUFFIE, JONATHAN
820 BELL RD UNIT A
SARASOTA, FL 34240

**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 D
NAME MCDUFFIE, JONATHAN
STREET ADDRESS 820 BELL RD UNIT A
CITY-ST-ZIP SARASOTA, FL 34240

TITLE D
NAME MCDUFFIE, PATRICIA
STREET ADDRESS 391 BORDER ST
CITY-ST-ZIP PORT CHARLOTTE, FL 33953

TITLE
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IN THIS SPACE**

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04/26/07-80010-025 150.00

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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jonathan McDuffie 4-12-07 941-377-8177

Date

Daytime Phone #