


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 08:00 AM
Secretary of State

| | |
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| DOCUMENT # P05000027839 |  |
| 1. Entity Name TRACY SILAS WATER WORKS, INC. | |

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| Principal Place of Business 4806 REGINA DR FT PIERCE, FL 34982 | Mailing Address 4806 REGINA DR FT PIERCE, FL 34982 |
|--|--|

DO NOT WRITE IN THIS SPACE

04212008 No Chg-P CR2E034 (11/05)

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| 4. FEI Number 20-2439244 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

6. Name and Address of Current Registered Agent

**SILAS, MEL TRACY
4806 REGINA DR
FT PIERCE, FL 34982**

**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 _____ (NOTE: Registered Agent signature required when reconstating)

Signature, typed or printed name of registered agent and title if applicable. DATE _____

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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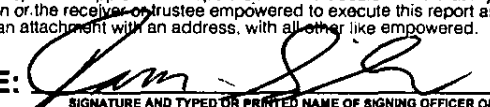
10. OFFICERS AND DIRECTORS

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|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P SILAS, MEL TRACY 4806 REGINA DR FT PIERCE, FL 34982 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V SILAS, DEVIN 108 E ARBOR AVE PT ST LUCIE, FL 34952 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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IN THIS SPACE**

U000000324956
05/20/08-80001-018 \$50.00

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:  **4/24/08**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #