


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 11, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90334 047 \*\*\*150.00

<b>DOCUMENT # P05000029766</b>					
1. Entity Name <b>WATERS ENTERPRISES LEASING, INC.</b>					
Principal Place of Business <b>6336 TIMBERLANE RD. LAKE WALES, FL 33898</b>			Mailing Address <b>6336 TIMBERLANE RD. LAKE WALES, FL 33898</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>20-2407652</b>	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>CYNTHIA, KLEIN J 6336 TIMBERLANE RD. LAKE WALES, FL 33898</b>			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CYNTHIA, KLEIN J		NAME	Cynthia, Waters J	
STREET ADDRESS	6336 TIMBERLANE RD.		STREET ADDRESS		
CITY-ST-ZIP	LAKE WALES, FL 33898		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CYNTHIA, KLEIN J		NAME	Cynthia, Waters J	
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CITY-ST-ZIP	LAKE WALES, FL 33898		CITY-ST-ZIP		
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STREET ADDRESS	6336 TIMBERLANE RD.		STREET ADDRESS		
CITY-ST-ZIP	LAKE WALES, FL 33898		CITY-ST-ZIP		
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STREET ADDRESS			STREET ADDRESS		
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STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <i>Cynthia Klein</i> <b>CYNTHIA KLEIN</b>			4/28/06 863422-9542		

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