2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

9/11/2007-90005-002-$550.00-$550.00

FILED
07 SEP 28 AM 8:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000040950

1. Entity Name
CENTRAL WATER CONTRACTORS, INC.

Principal Place of Business	Mailing Address
180 BOARDMAN DRIVE UMATILLA FL 32784	180 BOARDMAN DRIVE UMATILLA FL 32784

2nd MOORE CR2E034 (4/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
39519 Golden Gem Dr.	P.O. Box 2333
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Umatilla, Florida	City & State: Umatilla, Florida
Zip: 32784 Country: Lake	Zip: 32784 Country: Lake

4. FEI Number: 55-0894357 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

WELKE, BRIAN J
531 NORTH BAY STREET
EUSTIS FL 32726

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: Brian J. Welke   Sept 4, 2007
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $550.00
DUE BY September 5, 2007
Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the $400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is $150.00. ☐

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: D NAME: BOBER, LISA A STREET ADDRESS: 180 BOARDMAN DRIVE CITY-ST-ZIP: UMATILLA FL 32784	☒ Delete	TITLE: D NAME: Robert R. Bober STREET ADDRESS: 39519 Golden Gem Drive CITY-ST-ZIP: Umatilla FL 32784	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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: Robert R. Bober   352-669-2831
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #