

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 09, 2007 8:00 am**  
**Secretary of State**

04-09-2007 90042 031 \*\*\*150.00

**DOCUMENT # P06000085291**

1. Entity Name  
**LIVING WATER AQUASCAPES, INC.**



Principal Place of Business  
**6136 MALCOMB DRIVE  
LAKELAND, FL 33813**

Mailing Address  
**6136 MALCOMB DRIVE  
LAKELAND, FL 33813**

**60033344**



03222007 Chg-P CR2E034 (12/06)

4. FEI Number **20-5157005** Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**FERRELL, GLENN D  
6136 MALCOMB DRIVE  
LAKELAND, FL 33813**

**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 \_\_\_\_\_ (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**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	P	<input type="checkbox"/> Delete
NAME	FERRELL, GLENN D	
STREET ADDRESS	6136 MALCOMB DRIVE	
CITY-ST-ZIP	LAKELAND, FL 33813	
TITLE	VPS	<input type="checkbox"/> Delete
NAME	FERRELL, JEANETTE F	
STREET ADDRESS	6136 MALCOMB DRIVE	
CITY-ST-ZIP	LAKELAND, FL 33813	
TITLE	T	<input type="checkbox"/> Delete
NAME	FERRELL, ISAAC	
STREET ADDRESS	6136 MALCOMB DRIVE	
CITY-ST-ZIP	LAKELAND, FL 33813	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**3/22/7 (803) 644 1455**