## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000114545

Entity Name: WATERS EDGE COMMERCIAL MANAGEMENT CO.

FILED Apr 12, 2007 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

2107 GUNN HWY 550 NORTH REO STREET ODESSA, FL 33556

SUITE 300

TAMPA, FL 33609

**Current Mailing Address:** New Mailing Address:

2107 GUNN HWY 550 NORTH REO STREET

ODESSA, FL 33556 SUITE 300 TAMPA, FL 33609

FEI Number: 20-5492324 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

DRISH, SKIP DRISH, SKIP 550 NÓRTH REO STREET 2107 GUNN HWY ODESSA, FL 33556 SUITE 300 US TAMPA, FL 33609 US

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.

SIGNATURE: SKIP DRISH 04/12/2007

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CFO () Delete Title: CFO (X) Change ( ) Addition

DRISH, SKIP DRISH, SKIP Name: Name:

2107 GUNN HWY Address: 550 NORTH REO STREET Address: City-St-Zip: ODESSA, FL 33556 City-St-Zip: TAMPA, FL 33609

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutés. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SKIP DRISH CEO 04/12/2007