

FILED
Apr 06, 2007 8:00 am
Secretary of State

03-27-2007 90019 049 ***150.00

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P06000137732			
1. Entity Name LIVING WATER MARINE, INC.			
Principal Place of Business 5193 HAWKS NEST DRIVE MILTON, FL 32570		Mailing Address 5193 HAWKS NEST DRIVE MILTON, FL 32570	
2. Principal Place of Business (No P.O. Box)		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
		02132007 Chg-P CR2E034 (12/06)	
4. FCI Number 20-5808953		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HOLMES, EDNA D 5193 HAWKS NEST DRIVE MILTON, FL 32570		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 <i>Edna D. Holmes</i>			
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 (If 11)	
TITLE NAME STREET ADDRESS CITY, ST, ZIP	P HOLMES, EDNA D 5193 HAWKS NEST DR. MILTON, FL 32570 ☐ Delete	TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	V HOLMES, VIRGIL 5193 HAWKS NEST DR. MILTON, FL 32570 ☐ Delete	TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Change ☐ Addition
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 on Block 10 or Block 11. I changed or on an attachment with an address, with a ☐ other ☐ empowered			
SIGNATURE <i>Edna D. Holmes</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		3-14-07 8506232446	