

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 07, 2008 8:00 am**  
**Secretary of State**

04-07-2008 90069 032 \*\*\*150.00

<b>DOCUMENT # P07000040869</b> 1. Entity Name <b>WATERGATE, INC.</b>			
Principal Place of Business <b>401 CHANNEL SIDE WALKWAY NO. 1481 TAMPA, FL 33802 US</b>		Mailing Address <b>401 CHANNEL SIDE WALKWAY NO. 1481 TAMPA, FL 33802 US</b>	
2. Principal Place of Business - No P.O. Box # <b>200 4th Ave South</b> Suite, Apt. #, etc. <b>House 139</b> City & State <b>St. Petersburg, FL</b> Zip <b>33701</b> Country <b>US</b>		3. Mailing Address <b>200 4th Ave South</b> Suite, Apt. #, etc. <b>House 139</b> City & State <b>St. Petersburg, FL</b> Zip <b>33701</b> Country <b>US</b>	
6. Name and Address of Current Registered Agent  <b>SCHAFER, CHARLIE 401 CHANEL SIDE WALKWAY NO. 1481 TAMPA, FL 33802</b>		7. Name and Address of New Registered Agent - Name <b>Schafer, Charles</b> Street Address (P.O. Box Number is Not Acceptable) <b>200 4th Ave South</b> <b>House 139</b> City <b>St. Petersburg</b> <b>FL</b> Zip Code <b>33701</b>	
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 _____			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P</b> <b>SCHAFER, CHARLIE</b> <input type="checkbox"/> Delete <b>401 CHANNEL SIDE WALKWAY # 1481</b> <b>TAMPA, FL 33802</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P</b> <b>Schafer, Charles</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>200 4th Ave South, House 139</b> <b>St. Petersburg, FL 33701</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.			
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<b>4/1/08 515-250-8979</b> <small>Date Daytime Phone #</small>	

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03312008 Chg-P CR2E034 (12/06)

4. FEI Number **20-8709354** Applied For ☐ Not Applicable ☐

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