## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

Feb 16, 2004 08:00 AM DOCUMENT # P38964 **Secretary of State** 1. Entity Name WATER WAITER, INC. Principal Place of Business Mailing Address 5801 THOMAS DR 5200 REDWING DR PANAMA CITY BCH., FL 32408 US ALEXANDRIA, VA 22312 US No Chg-P CB2F034 (10/03) 02072004 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 54-1612346 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent and a survey and the survey of the survey of HILL, THOMAS W. DO NOT WRITE **5606 PINETREE AVE** PANAMA CITY BEACH, FL 32408 IN THIS SPACE 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. (NOTE. Registered Agent signature required when relocating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE NAME HILL CHARLES W., JR. U00000051779 02/16/04-80065-008 150.00 STREET ADDRESS 5200 REDWING DRIVE CSTY-ST-ZIP ALEXANDRIA, VA TITLE HILL, THOMAS W. NAME 5606 PINETREE AVE STREET ADDRESS CITY-ST-ZIP PANAMA CITY BCH., FL me NAME HILL, DAVID M. STREET ADDRESS 5200 REDWING DRIVE DO NOT WRITE CITY-ST-ZIP ALEXANDRIA, VA IN THIS SPACE ппе ns NAME HILL, JANE A. STREET ADDRESS 5200 REDWING DRIVE ALEXANDRIA, VA CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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:

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-11-04 (703) 354-1779

FILED

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