## 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## FILED Feb 09, 2007 08:00 AM DOCUMENT # P38964 **Secretary of State** 1. Entity Namo WATER WAITER, INC. Principal Place of Business Mailing Addross 5200 REDWING DR 5801 THOMAS DR PANAMA CITY BCH. FL 32408 ALEXANDRIA VA 22312 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State Applied For City & State 4. FEI Number 54-1612346 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HILL, THOMAS W. Street Address (P.O. Box Number is Not Acceptable) 5606 PINETREE AVE PANAMA CITY BEACH FL 32408 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 Signature, typed or printed name of registered agent and title it applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150,00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Delete IIILE Change Addition HILL, CHARLES W., JR. NAME NAME 5200 REDWING DRIVE STREET ADDRESS STREET ADDRESS U00000629807 ALEXANDRIA VA CITY-ST-ZIP CITY-S1-ZIP <u>/19/07-80014-018 150.00</u> DP TITLE ☐ Delete ☐ Change ☐ Addition THE HILL, THOMAS W. NAME NAME 5606 PINETREE AVE STREET ADDRESS STREET ADDRESS PANAMA CITY BCH. FL. CITY-ST-ZIP CITY-ST-ZIP DT ☐ Delete ☐ Change ☐ Addition HILL. DAVID M. NAME 5200 REDWING DRIVE STREET ADDRESS STREET ADDRESS CITY - ST - ZIP ALEXANDRIA VA CITY-SI-7IP DS TITLE ☐ Delete III ☐ Change Addition HILL, JANE A. NAME NAME 5200 REDWING DRIVE STREET ADDRESS STREET ADDRESS ALEXANDRIA VA CITY ST-71P CITY-S1-ZIP TITLE ☐ Delete Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST-ZIP CITY - ST-7IP TITLE TITLE Change ☐ Delete Addition | NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST-7IP I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information

SIGNATURE: C. W. Thele C. W. Hill J- 2/6/07 703 354-1779

BIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date District Phone 4

indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal offect as if made under eath; 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