

**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 22, 2007 8:00 am**  
**Secretary of State**

01-22-2007 90098 015 \*\*\*150.00

DOCUMENT # P93000046992 1. Entity Name LIVING WATER SERVICES, INC.	
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Principal Place of Business 3723 KENILWORTH BLVD SEBRING, FL 33870	Mailing Address 3723 KENILWORTH BLVD SEBRING, FL 33870
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**DO NOT WRITE IN THIS SPACE**



01182007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3194371	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent

SIMMONS, BETTY L  
3214 SPINKS ROAD  
SEBRING, FL 33870

**DO NOT WRITE 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.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CARLISLE, LENARD B JR 3723 KENILWORTH BLVD. SEBRING, FL 33870
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CARLISLE, JASON W 1522 CRESCENT DRIVE SEBRING, FL 33870
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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.

SIGNATURE:  DATE: 1/19/07 DAYTIME PHONE #: 863-382-3347

LENARD B CARLISLE JR