## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P93000072588

Entity Name: 1212 W. WATERS, INC.

Title:

Name:

Address:

City-St-Zip:

FILED Jan 06, 2006 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 10701 AL CAPONE ROAD TAMPA, FL 336244805 **Current Mailing Address: New Mailing Address:** 10701 AL CAPONE ROAD TAMPA, FL 336244805 FEI Number: 59-3210475 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: RUTHERFORD, THOMAS S 13153 N. DALE MABRY HIGHWAY SUITE 115 TAMPA, FL 336182410 US 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: () Change () Addition FLOYD, WILLIAM L Name: Name: 10701 AL CAPONE RD Address: Address: City-St-Zip: TAMPA, FL 336244805 City-St-Zip: Title: Title: () Delete () Change () Addition Name: CIANCI, KATHY L Name: 6214 PALM VIEW Address: Address: TAMPA, FL 33625 City-St-Zip: City-St-Zip: ( ) Delete Title: Title: () Change () Addition DESCHAMPS, SHARON L Name: Name: 11304 BILLINGHAM Address: Address: City-St-Zip: TAMPA, FL 33625 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: WILLIAM L. FLOYD P 01/06/2006

( ) Delete

FLOYD, ROBERT L

LUTZ, FL 33558

17847 DRIFTWOOD LANE

() Change () Addition