## 2008 FOR PROFIT CORPORATION

## **ANNUAL REPORT** DOCUMENT # P95000079299 1. Entity Name WATERVIEW DEVELOPMENT INC.

Principal Place of Business

Mailing Address

412 NE 4TH STREET

FT. LAUDERDALE, FL 33301 US

DO NOT WRITE IN THIS SPACE

412 NE 4TH STREET FT. LAUDERDALE, FL 33301

US

## **FILED** Mar 25, 2008 8:00 am Secretary of State

03-25-2008 90018 001 \*1,200.00

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No Chg-P

CR2E034 (11/05)

4. FEI Number 20-3409142

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

STEVENS, KENNETH G 412 NE 4TH STREET FORT LAUDERDALE, FL 33301

## 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)  DATE					
FILE NOW!!! FEE IS \$150.00  After May 1, 2008 Fee will be \$550.00  9. Election Campaign Finan Trust Fund Contribution.		ncing	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	TORS			·
NAME STREET ADDRESS CITY-ST-ZIP	PD BLANCHET, PAUL 1101 N S WINTON AVENUE DELRAY BEACH, FL 33444				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BLANCHET, MAR!O 2808 NE 33RD COURT, APT. 103 FT. LAUDERDALE, FL 33306				
TITLE NAME STREET ADDRESS CITY+ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
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					

indicated on this report of supplemental report is not and accurate and that my signature shall have the same legal effect as it made dirider daily find or diffector 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/05 Dayline Phone K