

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 21, 2006 8:00 am**  
**Secretary of State**

03-21-2006 90042 046 \*\*\*150.00

**DOCUMENT # P96000027344**

1. Entity Name  
**WATERMASTER OF AMERICA, INC.**



Principal Place of Business  
**4905 34TH ST SOUTH  
BOX 2000  
ST. PETERSBURG, FL 33711 US**

Mailing Address  
**4905 34TH ST SOUTH  
BOX 2000  
ST. PETERSBURG, FL 33177 US**

**50003929**



2. Principal Place of Business

3. Mailing Address

**PO Box 20746**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03152006

Chg-P

CR2E034 (11/05)

City & State

City & State  
**New York, N.Y.**

4. FEI Number  
**59-3372515**

Applied For  
Not Applicable

Zip

Country

Zip  
**10021**

Country  
**USA**

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SCHINK, ROSALIE K  
4905 34TH STREET SOUTH  
SUITE 2000  
SAINT PETERSBURG, FL 33711**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

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 if applicable.

(NOTE: Registered Agent signature required when registering)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P  
SCHINK, ROSALIE K  
P.O. BOX 20746  
NEW YORK, NY 10021**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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☐ Change ☐ Addition

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:

*Rosalie K. Schink*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*3/15/06*  
Date

*800-272-6244*  
Daytime Phone #