## 2005 FOR PROFIT CORPORATION ANNUAL REPORT-(AR)

## May 04, 2005 8:00 am Secretary of State DOCUMENT # P96000093114 1. Entity Name 05-04-2005 90114 004 \*\*\*150.00 WATERWAY'S EDGE, INC. Principal Place of Business Mailing Address 375 PARK AVENUE POST OFFICE BOX 761 **BOCA GRANDE FL 33921 BOCA GRANDE FL 33921** 2. Principal Place of Business 3. Mailing Address 245 Waterways Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/04) 1st MOORE City & State City & State Applied For 4. FEI Number NO-T APPLICABLE Boca Grand Not Applicable 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 INGRAM, MICHAEL M ESQ. Street Address (P.O. Box Number is Not Acceptable) 428 FOURTH STREET **BOCA GRANDE FL 33921** City 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 reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Delete TITLE ☐ Change Addition DENBY, PEGGY A NAME NAME 245 WATERWAYS AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BOCA GRANDE FL** CITY-ST-ZIP ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CLTY-ST-ZIP CITY-ST-7/P TITLE ☐ Delete TITE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

**FILED** 

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.