

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 17, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P97000055428**

1. Entity Name  
**WATERMAN - BRIGHTON, INC.**



Principal Place of Business

2000 N OCEAN BLVD  
#601  
BOCA RATON, FL 33431 US

Mailing Address

C/O RICHARD A. DAAR, ESQ.  
1400 S. TREASURE DR.  
NORTH BAY VILLAGE, FL 33141 US



01072006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0808438

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DAAR, RICHARD A  
1400S. TREASURE DR.  
NORTH BAY VILLAGE, FL 33141

**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 retitling)

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

TITLE PDST  
NAME WATERMAN, HAROLD L  
STREET ADDRESS 1400 S. TREASURE DR.  
CITY-ST-ZIP NORTH BAY VILLAGE, FL 33141

TITLE D  
NAME WATERMAN, BERYL  
STREET ADDRESS 1400 S. TREASURE DR.  
CITY-ST-ZIP NORTH BAY, FL 33141

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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NAME  
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000387393  
01/19/06-80037-021 150.00

**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:** PDST *[Signature]* (H-2 WATERMAN) 1-11-06 305 964 128  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #