

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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STATE OF FLORIDA



1st MOORE CR2E034 (10/06)

DOCUMENT # P98000043323

1. Entity Name
WALT'S WATER WORKS, INC.



Principal Place of Business
**95 HIGH ST
WINTER HAVEN FL 33880**

Mailing Address
**PO BOX 965
EAGLE LAKE FL 33839**

2. Principal Place of Business - No P.O. Box #
95 High St
Suite, Apt. #, etc.
Home

3. Mailing Address
95 High St
Suite, Apt. #, etc.
Home

City & State
Winter Haven FL

City & State
Winter Haven FL

Zip
33880

Country
POK

Zip
33880

Country
POK

4. FEI Number **65-0839102**

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**HAND, WALTER L
95 HIGH ST
WINTER HAVEN FL 33880**

7. Name and Address of New Registered Agent

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 *Walter L Hand* **2-3-07**

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, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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 HAND, WALTER LEE 95 HIGH ST WINTER HAVEN FL 33880 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Walter L Hand* **2-3-07** **863-294-2723**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #