## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## Jan 26, 2005 08:00 AM DOCUMENT # P99000033024 **Secretary of State** FRESHWATER AGENCY, INC. Principal Place of Business Mailing Address P.O. BOX 815 P.O. BOX 815 DESTIN, FL 32540 DESTIN. FL 32540 01232005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3569993 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent FRESHWATER, RICHARD J JR DO NOT WRITE 1150 BAY COURT DESTIN, FL 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, typical or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. PSTD TITLE FRESHWATER, RICHARD J JR NAME STREET ADDRESS P.O. BOX 815 CITY ST-ZIP DESTIN, FL 32540 1100000195814 01/36/05-80044-006 150.00 TITLE NAME STREET ADDRESS CITY ST ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST ZIP TITLE NAME STREET ADDRESS CITY-ST ZIP TITLE STREET ADDRESS CITY ST ZIP this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes I further certify that the information true and that my signature shall have the same legal effect as if made under oath, that I am an officer or director waster to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if yilly all other tike samplifiered. 12. I hereby certify that the information indicated on this report or supplementary of the corporation or the receichanged, or on an attachmen SIGNATURE: ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daylime Phone #

**FILED**