
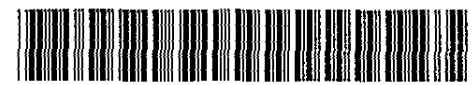


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # S47676 1. Entity Name BYWATER MANAGEMENT COMPANY	
---	---



Principal Place of Business 105 E ROBINSON STREET # 540 ORLANDO FL 32801	Mailing Address 105 E ROBINSON STREET # 540 ORLANDO FL 32801
---	---

2. Principal Place of Business	3. Mailing Address	4. FEI Number 59-3068658
Suite, Apt. #, etc.	Suite, Apt. #, etc.	Applied For <input type="checkbox"/> Not Applicable
City & State	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip	Country	Zip
		Country

1st MOORE CR2E034 (10/05)

6. Name and Address of Current Registered Agent OSWALD, KENNETH F. 600 COURTLAND ST STE 110 ORLANDO FL 32804	7. Name and Address of New Registered Agent Name Street Address (P O Box Number is Not Acceptable) City
	State 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 _____ DATE _____
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 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	DP <input type="checkbox"/> Delete	TITLE	
NAME	BYWATER, F.B.	NAME	
STREET ADDRESS	105 E ROBINSON STREET STE 540	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32801	CITY-ST-ZIP	
TITLE	VDST <input type="checkbox"/> Delete	TITLE	
NAME	BYWATER, MARY W	NAME	
STREET ADDRESS	3201 ARDSLEY DR	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	
NAME	BYWATER, WILLIAM E	NAME	
STREET ADDRESS	105 E ROBINSON STREET STE 540	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32801	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: *JOB Bywater* Jan 19, 2006 407 206 5131
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #