2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S47676

Name:

Address:

City-St-Zip:

BYWATER, WILLIAM E

ORLANDO, FL 32801

105 E ROBINSON STREET STE 540

FILED Jun 06, 2008 Secretary of State

Entity Nan	ie: BYWA	TER MANAGEMENT C	OMPANY				
Current Principal Place of Business:				New Principal Place of Business:			
105 E ROB # 540	INSON STE	REET					
ORLANDO	, FL 32801						
Current Mailing Address:				New Mailing Address:			
105 E ROBINSON STREET # 540							
ORLANDO	, FL 32801						
FEI Number:	59-3068658	FEI Number Applied	For () FEI Nu	mber Not Appl	icable ()	Certificate of Status De	sired ()
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
OSWALD, KENNETH F. 600 COURTLAND ST STE 110				OSWALD, KENNETH F. 222 SOUTH WESTMONTE DRIVE STE 210			
ORLANDO, FL 32804 US				ALTAMONTE SPRINGS, FL 32714 US			
The above in the State		ty submits this statemer	nt for the purpose o	of changing i	ts registere	d office or registered age	ent, or both,
SIGNATURE:				06/06/2008			
	Elect	ronic Signature of Regis	stered Agent			Date	
		.193(2)(b), F.S., the corpora cing Trust Fund Contribution		the prior notic	e.		
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	DP BYWATER, 105 E ROBII ORLANDO,	NSON STREET STE 540		Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	VDST BYWATER, 3201 ARDSI ORLANDO,	LEY DR		Title: Name: Address: City-St-Zip:	VDST BYWATER, 3201 ARDS ORLANDO,	LEY DR	
Title:	D	() Delete		Title:	D	(X) Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

BYWATER, WILLIAM G

ORLANDO, FL 32801

105 E ROBINSON STREET STE 540

SIGNATURE: F. B. BYWATER **PRES** 06/06/2008