

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2006 8:00 am
Secretary of State

01-17-2006 90257 048 ***158.75

DOCUMENT # V54155

1. Entity Name
O AND S WATER COMPANY INC.



Principal Place of Business
**501 E OAK STREET STE A
KISSIMMEE, FL 34744 US**

Mailing Address
**501 E OAK STREET STE A
KISSIMMEE, FL 34744 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01112006

Chg-P

CR2E034 (11/05)

4. FEI Number
59-3137710

Applied For
Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WOODRUFF, ROY F
1900 SW 57 AVE STE 2
MIAMI, FL 33155**

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

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, 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	VP	<input type="checkbox"/> Delete
NAME	STEWART, SCOTT D	
STREET ADDRESS	501 E OAK STREET STE A	
CITY-ST-ZIP	KISSIMMEE, FL 34744	
TITLE	P	<input type="checkbox"/> Delete
NAME	OLSEN, JACK P	
STREET ADDRESS	501 E OAK STREET STE A	
CITY-ST-ZIP	KISSIMMEE, FL 34744	
TITLE	ST	<input type="checkbox"/> Delete
NAME	WOODRUFF, ROY F	
STREET ADDRESS	1900 SW 57 AVE STE 2	
CITY-ST-ZIP	MIAMI, FL 33155	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President / Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Olsen, Jack P	
STREET ADDRESS	501 E Oak Street, Suite A	
CITY-ST-ZIP	Kissimmee, FL 34744	
TITLE	Vice President/Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Stewart, Scott D.	
STREET ADDRESS	501 E Oak Street, Suite A	
CITY-ST-ZIP	Kissimmee, FL 34744	
TITLE	Secretary&Treasurer/Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Woodruff, Roy F.	
STREET ADDRESS	1900 SW 57 Avenue, Suite 2	
CITY-ST-ZIP	Miami, FL 33155	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Stewart, Ruth	
STREET ADDRESS	501 E Oak Street, Suite A	
CITY-ST-ZIP	Kissimmee, FL 34744	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Olsen, Bonnie	
STREET ADDRESS	501 E Oak Street, Suite A	
CITY-ST-ZIP	Kissimmee, FL 34744	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Ruth Woodruff Sec Treas
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/18/06

305-269-0255