


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

<b>DOCUMENT # N98000006881</b> 1. Entity Name <b>JEFFERSON COMMUNITIES WATER SYSTEM, INC.</b>	
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FILED  
 04 JUL 21 PM 12: 25  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

Principal Place of Business P.O. BOX 82 LLOYD FL 32337	Mailing Address P.O. BOX 82 LLOYD FL 32337
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State		
Zip	Country	Zip	Country

  
 06/18/04 90002 023 \$ 12.50 - 6.25  
 MOORE CR2E037 (11/03)

4. FEI Number <b>59-3547867</b>	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>COOPER, BOBBY D          1512 WEKEVA NENE          TALLAHASSEE FL 32301</b>	7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> 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 file # applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW: FEE IS \$61.25          Due By May 1, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to          Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<b>PD EDWARDS, WALTER B JR</b> <input type="checkbox"/> Delete <b>LLOYD CREEK RD.</b> <b>LLOYD FL 32337</b>	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<b>VD SCHWENK, CHARLES L</b> <input type="checkbox"/> Delete <b>9779 GAMBLE ROAD</b> <b>MONTICELLO FL 32344</b>	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<b>STD COCHRAN, RUBY</b> <input type="checkbox"/> Delete <b>CORNER OF NOTRA DAME &amp; MAIN ST.</b> <b>LLOYD FL 32337</b>	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 exemption stated in Section 119.07(3)(i), 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 617, 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: Ruby Cochran **Ruby Cochran** JUN 10 2004 997 5519  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #