


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 15, 2005 8:00 am
Secretary of State

07-15-2005 90023 029 ***150.00

DOCUMENT # P00000044846			
1. Entity Name BILL'S BOTTLED WATER SERVICE, INC.			
Principal Place of Business 4179 JAMES ST AT PORT CHARLOTTE, FL 33949 <i>(Hurricane Charley)</i>		Mailing Address P O BOX 494527 PORT CHARLOTTE, FL 33949-4527	
2. Principal Place of Business 23210 Harper Ave. Suite, Apt. #, etc. # 4		3. Mailing Address Suite, Apt. #, etc.	
City & State Port Charlotte FL.		City & State	
Zip 33980	Country USA	Zip	Country
6. Name and Address of Current Registered Agent GREENE, JOAN F 265 TAMIAMI TRAIL PUNTA GORDA, FL 33950		7. Name and Address of New Registered Agent 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 _____		DATE _____	
FILE NOW!!! FEE IS \$550.00 ^{150.00} Due by September 7, 2005		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 NAME STREET ADDRESS CITY-ST-ZIP	PD MARRINER, CONSTANCE B 571 MELROSE AVE PORT CHARLOTTE, FL 33952	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MARRINER, WILLIAM J 18419 LOCKLAND AVE PORT CHARLOTTE, FL 33948	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MARRINER, WILFRED C 571 MELROSE AVE PORT CHARLOTTE, FL 33952	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MARRINER, ROXANNE P 18419 LOCKLANE AVE PORT CHARLOTTE, FL 33948	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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: <i>Constance B. Marriner</i> , Pres.		Date: 7-8-05 Daytime Phone #: 941-629-2225	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Constance B. Marriner			



07122005 Chg-P CR2E034 (10/03)

4. FEI Number 65-1007073 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

DID NOT RECEIVE FIRST NOTICE DUE TO DAMAGE AT P.O. FROM HURRICANE