2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jul 15, 2005 8:00 am Secretary of State 07-15-2005 90023 029 ***150.00

DOCUMENT # P0000044846 1. Entity Name BILL'S BOTTLED WATER SERVICE, INC.						0023 029 ***150	.00
Principal Place 4179 JAMES PORT CHARLI		Mailing Address P O BOX 494527 PORT CHARLOTTE, FL	33949-4527				
(Hurrica							
.	lace of Business Harver Ave.	3. Mailing Address					
Suite, Apt.		Suite, Apt. #, etc.		07122005	Chg-P	CR2E034 (10/03)	
City & State	atlette FL.	City & State		4. FEI Numbe 65-100			pplied For ot Applicable
Zip 339	Country ★ 以 5 R	Zip	Country	5. Certificate	of Status Desired	□ \$8.75 Ad Fee Require	
337	6. Name and Address of Current F	Registered Agent		7. Name and	Address of New R		
CDCENE	IOAN E		Name				
GREENE, JOAN F 265 TAMIAMI TRAIL PUNTA GORDA, FL 33950				Street Address (P.O. Box Number is Not Acceptable)			
			City			FL Zip Coo	de
	named entity submits this statement for tions of registered agent.	the purpose of changing its	registered office or re	egistered agent, or bot	h, in the State of Flo	orida. I am familiar with	, and accept
SIGNATURE	•						
SIGNATURE	Signature, typed or printed name of registered agent a	nd title if applicable. (NOT	E Registered Agent signature	required when reinstating)		DATE	
				·		<u> </u>	
	LE NOW!!! FEE IS \$550.00 ue by September 7, 2005	9. Election Campa Trust Fund Cont		\$5.00 May Be Added to Fees	DID NOT NOTICE TO	J. 1-	FIRST HHAGE UPHICAN
	LE NOW!!! FEE 19-3550:00 ue by September 7, 2005 OFFICERS AND	Trust Fund Cont		Added to Fees	NOTICE T	from He	AMAGE UPHCEN RS IN 11
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12. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 1.19.07(5)(f). Fordia statutes. 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 eath; 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: Coultable B. Wand OF SIGNING OFFICER OF DIRECTOR)

PV es. 7-8-05 941-629-222

Date Dayling Priorie #

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