

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2006 08:00 AM
Secretary of State

DOCUMENT # P00000044846

1. Entity Name
 BILL'S BOTTLED WATER SERVICE, INC.



Principal Place of Business
 23210 HARPER AVENUE
 SUITE 4
 PORT CHARLOTTE, FL 33980 US

Mailing Address
 P O BOX 494527
 PORT CHARLOTTE, FL 33949-4527

DO NOT WRITE IN THIS SPACE



01242006 No Chg-P CR2E034 (11/05)

4. FEI Number
 65-1007073

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

GREENE, JOAN F
 285 TAMiami TRAIL
 PUNTA GORDA, FL 33950

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6. 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 _____ (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	PD
NAME	MARRINER, CONSTANCE B
STREET ADDRESS	571 MELROSE AVE
CITY-ST-ZIP	PORT CHARLOTTE, FL 33952
TITLE	VD
NAME	MARRINER, WILLIAM J
STREET ADDRESS	18419 LOCKLAND AVE
CITY-ST-ZIP	PORT CHARLOTTE, FL 33948
TITLE	TD
NAME	MARRINER, WILERED C
STREET ADDRESS	571 MELROSE AVE
CITY-ST-ZIP	PORT CHARLOTTE, FL 33952
TITLE	SD
NAME	MARRINER, ROXANNE P
STREET ADDRESS	18419 LOCKLANE AVE
CITY-ST-ZIP	PORT CHARLOTTE, FL 33948
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 02/07/06-80063-018 150.00

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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: *Constance B. Marriner*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-23-06
 Date
 941-629-22
 Daytime Phone #