

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000044846

FILED
Mar 30, 2009
Secretary of State

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

Current Principal Place of Business:

23210 HARPER AVENUE
SUITE 4
PORT CHARLOTTE, FL 33980 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 494527
PORT CHARLOTTE, FL 339494527

New Mailing Address:

FEI Number: 65-1007073 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GREENE, JOAN F
100 SULLIVAN ST
PUNTA GORDA, FL 33956 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MARRINER, CONSTANCE B
Address: 571 MELROSE AVE
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: VD () Delete
Name: MARRINER, WILLIAM J
Address: 18419 LOCKLAND AVE
City-St-Zip: PORT CHARLOTTE, FL 33948

Title: TD () Delete
Name: MARRINER, WILFRED C
Address: 571 MELROSE AVE
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: SD () Delete
Name: MARRINER, ROXANNE P
Address: 18419 LOCKLANE AVE
City-St-Zip: PORT CHARLOTTE, FL 33948

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MARRINER, CONSTANCE B
Address: 571 MELROSE AVE
City-St-Zip: PORT CHARLOTTE, FL 33952 US

Title: VD (X) Change () Addition
Name: MARRINER, WILLIAM J
Address: 18419 LOCKLAND AVE
City-St-Zip: PORT CHARLOTTE, FL 33948 US

Title: TD (X) Change () Addition
Name: MARRINER, WILFRED C
Address: 571 MELROSE AVE
City-St-Zip: PORT CHARLOTTE, FL 33952 US

Title: SD (X) Change () Addition
Name: MARRINER, ROXANNE P
Address: 18419 LOCKLANE AVE
City-St-Zip: PORT CHARLOTTE, FL 33948 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CONSTANCE MARRINER

Electronic Signature of Signing Officer or Director

PRES

03/30/2009

Date