2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2006
Secretary of State

DOCUMENT# P03000038624

Entity Name: FLORIDA'S SILVER SPRINGS SPRING WATER COMPANY

Current Principal Place of Business:

11514 E. HWY 316 - P.O. BOX 188
FORT MCCOY, FL 32134

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 188
FORT MCCOY, FL 32134

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GREENE, C RAY III
P.O. BOX 188
FORT MCCOY, FL 32134 US

Name and Address of New Registered Agent:

GREENE, C RAY III
11514 EAST HWY. 316
FORT MCCOY, FL 32134 US

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: C. RAY GREENE, III 01/24/2006
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: GREENE, JACK A
Address: P O BOX 188
City-St-Zip: FORT MCCOY, FL 32134 US

Title: PD ( ) Delete
Name: GREENE, III, C R
Address: P O BOX 188
City-St-Zip: FORT MCCOY, FL 32134 US

Title: STD ( ) Delete
Name: GREENE, SUE
Address: P O BOX 188
City-St-Zip: FORT MCCOY, FL 32134 US

Title: VPD ( ) Delete
Name: GREENE, SR, WILLIAM B
Address: P O BOX 188
City-St-Zip: FORT MCCOY, FL 32134 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: GREENE, JACK A
Address: P O BOX 188
City-St-Zip: FORT MCCOY, FL 32134 US

Title: STD (X) Change ( ) Addition
Name: GREENE, III, C R
Address: P O BOX 188
City-St-Zip: FORT MCCOY, FL 32134 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: C. RAY GREENE, III STD 01/24/2006
Electronic Signature of Signing Officer or Director Date