

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P00000044846

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

**Current Principal Place of Business:**

23210 HARPER AVENUE  
SUITE 4  
PORT CHARLOTTE, FL 33980

**Current Mailing Address:**

P O BOX 494527  
PORT CHARLOTTE, FL 33949-4527

**FEI Number: 65-1007073**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

GREENE, JOAN F  
100 SULLIVAN ST  
PUNTA GORDA, FL 33956 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title PD  
Name MARRINER, CONSTANCE B  
Address 571 MELROSE AVE  
City-State-Zip: PORT CHARLOTTE FL 33952

Title VD  
Name MARRINER, WILLIAM J  
Address 18419 LOCKLAND AVE  
City-State-Zip: PORT CHARLOTTE FL 33948

Title TD  
Name MARRINER, WILFRED C  
Address 571 MELROSE AVE  
City-State-Zip: PORT CHARLOTTE FL 33952

Title SD  
Name MARRINER, ROXANNE P  
Address 18419 LOCKLANE AVE  
City-State-Zip: PORT CHARLOTTE FL 33948

*I hereby 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 all other like empowered.*

**SIGNATURE: CONSTANCE MARRINER**

**PRESIDENT**

**02/09/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date