2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2004 08:00 AM
Secretary of State

DOCUMENT # 477319

1. Entity Name
WATER BONNET MFG., INC.

Principal Place of Business	Mailing Address
350 ANCHOR RD. CASSELBERRY, FL 32707	PO BOX 180427 CASSELBERRY, FL 32718 US

01142004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1630263
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

DILL, JOHN W
605 E. ROBINSON STREET
SUITE 130
ORLANDO, FL 32801

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8. 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	CEO
NAME	NORMAN, L C, JR
STREET ADDRESS	350 ANCHOR RD.
CITY-ST-ZIP	CASSELBERRY, FL
TITLE	VSTD
NAME	GILDEA, HARRY F
STREET ADDRESS	350 ANCHOR RD.
CITY-ST-ZIP	CASSELBERRY, FL
TITLE	VD
NAME	KING, GEORGE L
STREET ADDRESS	350 ANCHOR RD
CITY-ST-ZIP	CASSELBERRY, FL 32718
TITLE	VD
NAME	ISABELL, KENNETH
STREET ADDRESS	800 WATER BONNET BLVD
CITY-ST-ZIP	SPRINGFIELD, TN
TITLE	PD
NAME	ROBERTS, KEN
STREET ADDRESS	350 ANCHOR ROAD
CITY-ST-ZIP	CASSEBERRY, FL 32718
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/23/04-80063-013 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ 1/21/04 407 831 2122
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #