


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 28, 2005 08:00 AM
Secretary of State

DOCUMENT # 477319 1. Entity Name WATER BONNET MFG., INC.	
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Principal Place of Business 350 ANCHOR RD. CASSELBERRY, FL 32707	Mailing Address PO BOX 180427 CASSELBERRY, FL 32718 US
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DO NOT WRITE IN THIS SPACE



01112005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1630263	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

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

000000245682
02/28/05-80036-009 150.00

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IN THIS SPACE**

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:  Harry F. Gildea 2/18/05 707 831 2122
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #