


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 20, 2006 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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02142005 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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	

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03/03/06-80024-017 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 VP. 2/14/06 407 831 2122
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #