


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 07, 2005 08:00 AM
Secretary of State

DOCUMENT # 709581 1. Entity Name BRATT-DAVISVILLE WATER SYSTEM, INC.	
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Principal Place of Business 11100 HWY 97 MC DAVID FL 32568 US	Mailing Address P.O. DRAWER 770 ATMORE AL 36504 US
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1st MOORE CR2E037 (10/04)

2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt #, etc	
City & State	City & State	
Zip	Country	Zip Country

4. FEI Number 63-0596247	Applied For <input type="checkbox"/> Not Applicable
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6. Name and Address of Current Registered Agent RYLAND, BEVERLY 5650 PINE FOREST RD WALNUT HILL FL 32568	7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____
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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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25 Due By May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P PELT, JAMES D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	9410 HWY 47	NAME	
STREET ADDRESS	CENTURY FL 32535	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> Delete	TITLE	100000219095 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, JOHNNIE	NAME	02/08/05-80014-003 61.25
STREET ADDRESS	2950 PURDUE RD	STREET ADDRESS	
CITY-ST-ZIP	MC DAVID FL 32568	CITY-ST-ZIP	
TITLE	ST <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RYLAND, BEVERLY	NAME	
STREET ADDRESS	5650 PINE FOREST RD	STREET ADDRESS	
CITY-ST-ZIP	WALNUT HILL FL 32588	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHEELER, BECKY	NAME	
STREET ADDRESS	4421 N HWY 98	STREET ADDRESS	
CITY-ST-ZIP	MC DAVID FL 32568	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEBBLES, DARIN	NAME	
STREET ADDRESS	7036 MCCLHANEY RD	STREET ADDRESS	
CITY-ST-ZIP	CENTURY FL 32535	CITY-ST-ZIP	
TITLE	BOD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KIMMONS, RAMOND	NAME	
STREET ADDRESS	5631 PINE FOREST RD.	STREET ADDRESS	
CITY-ST-ZIP	WALNUT HILL FL 32568	CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 617, 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: *Beverly Ryland* *Beverly Ryland* *Beverly Ryland* 2/01/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 850-327-6778