


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 10, 2006 8:00 am**  
**Secretary of State**

01-10-2006 90031 021 \*\*\*\*61.25

<b>DOCUMENT # 709581</b> 1. Entity Name <b>BRATT-DAVISVILLE WATER SYSTEM, INC.</b>					
Principal Place of Business <b>11100 HWY 97</b> <b>MC DAVID, FL 32568 US</b>			Mailing Address <b>P.O. DRAWER 770</b> <b>ATMORE, AL 36504 US</b>		
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 <b>63-0596247</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>RYLAND, BEVERLY</b> <b>5650 PINE FOREST RD</b> <b>WALNUT HILL, FL 32568</b>			Name  Street Address (P.O. Box Number is Not Acceptable)   City <span style="float: right;"><b>FL</b></span> Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee Is \$61.25</b> <b>Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
Make check payable to <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>PELT, JAMES D</b>		NAME		
STREET ADDRESS	<b>9410 HWY 47</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>CENTURY, FL 32535</b>		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>JOHNSON, JOHNNIE</b>		NAME		
STREET ADDRESS	<b>2950 PURDUE RD</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>MC DAVID, FL 32568</b>		CITY-ST-ZIP		
TITLE	ST	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>RYLAND, BEVERLY</b>		NAME		
STREET ADDRESS	<b>5650 PINE FOREST RD</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>WALNUT HILL, FL 32588</b>		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>WHEELER, BECKY</b>		NAME		
STREET ADDRESS	<b>4421 N HWY 98</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>MC DAVID, FL 32568</b>		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>PEBBLES, DARIN</b>		NAME		
STREET ADDRESS	<b>7036 MCCLHANEY RD</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>CENTURY, FL 32535</b>		CITY-ST-ZIP		
TITLE	BOD	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>KIMMONS, RAMOND</b>		NAME	<b>Joseph Sigafosse</b>	
STREET ADDRESS	<b>5631 PINE FOREST RD.</b>		STREET ADDRESS	<b>7240 McElhaneY Rd</b>	
CITY-ST-ZIP	<b>WALNUT HILL, FL 32568</b>		CITY-ST-ZIP	<b>Century 71 32535</b>	
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 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.					
<b>SIGNATURE:</b> <i>Beverly Ryland</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <b>1/6/05</b> Daytime Phone # <b>850-327-6718</b>		