


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

FILED

Apr 29, 2005 08:00 AM
Secretary of State

| | | | | | |
|--|---|--|---|---|---|
| DOCUMENT # 710529 1. Entity Name HOLT WATER WORKS, INC. | | | |  | |
| Principal Place of Business POST OFFICE DRAWER 308 W. HIGHWAY 90 HOLT FL 32564 | | | Mailing Address POST OFFICE DRAWER 308 W. HIGHWAY 90 HOLT FL 32564 | | |
| 2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country | | | 3. Mailing Address Suite, Apt. #, etc. City & State Zip Country | | |
| 4. FEI Number 59-1479650 | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent JOHNS, LEON FOURTH AVE. HOLT FL 32564 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> FL Zip Code </div> | | |
| 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 <i>Leon Johns</i> 4/19/05 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| 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 | | | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE | PD JOHNS, LEON STREET ADDRESS FOURTH AVE. CITY-ST-ZIP HOLT FL 32564 | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE | ST ASH, DONNA E STREET ADDRESS 5397 MONTERREY ROAD CITY-ST-ZIP CRESTVIEW FL 32539 | <input type="checkbox"/> Delete | TITLE | U00000341203 04/29/05-80006-011 \$1.25 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE | D ELMORE, CECIL STREET ADDRESS 1410 ELMORE LANE CITY-ST-ZIP HOLT FL 32564 | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE | D BARTON, ALLEN STREET ADDRESS 984HWY 90 CITY-ST-ZIP HOLT FL 32564 | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE | D REID, WILFORD STREET ADDRESS 526 SOUTH SIDE DRIVE CITY-ST-ZIP HOLT FL 32564 | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 changed, or on an attachment with an address, with all other like empowered. | | | | | |
| SIGNATURE: <i>Donna E. Ash</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | Date: <i>4/19/05</i> Daytime Phone #: <i>850-537-4111</i> | | |