2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

## Feb 07, 2008 8:00 am **DOCUMENT # 710529 Secretary of State** 1. Entity Name 02-07-2008 90029 028 \*\*\*\*61.25 HOLT WATER WORKS, INC. Principal Place of Business Mailing Address POST OFFICE DRAWER 308 W. HIGHWAY 90 POST OFFICE DRAWER 308 W. HIGHWAY 90 HOLT FL 32564 HOLT FL 32564 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/07) City & State City & State 4. FEI Number Applied For 59-1479650 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name JOHNS, LEON-Street Address (P.O. Box Number is Not Acceptable) FOURTH AVE. **HOLT FL 32564** 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. Lam familiar with, and accept the obligations of registered agent SIGNATUR (NOTE: Begistered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 5-4-6,; 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Due By May 1, 2008 Trust Fund Contribution. Florida Department of State Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. VD TITLE TITLE ☐ Delete ☐ Change Addition JOHNS, LEON NAME NAME FOURTH AVE. STREET ADDRESS STREET ADDRESS HOLT FL 32564 CITY-ST-ZIP CITY-ST-ZiP ST DONNAE. ASh ☐ Delate TITLE TITLE Change Addition ASH, DONNA E NAME NAME 6029 Dorchester Place 5307-MONTERREY-ROAD STREET ADDRESS STREET ADDRESS CRESTVIEW FL 32539 Crestview FL 32536 City-St-7iP CITY-ST-ZIP Delete T:TLE TITLE Change Addition ELMORE, CECIL NAME NAME 1410 ELMORE LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HOLT FL 32564 CITY-ST-ZIP PD TITLE Delete TITLE Change □ Addition BARTON, ALLEN 984HWY 90 STREET ADDRESS STREET ACCRESS HOLT FL 32564 CITY-ST-ZIP CITY-ST-ZiP THILE ☐ Delete TITLE ☐ Change ☐ Addition REID, WILFORD NAME MANAG 526 SOUTH SIDE DRIVE STREET ADDRESS STREET ADDRESS **HOLT FL 32564** CITY-ST-ZIP CITY-ST-ZiP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 reserver 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 or an attachment with an address, with all other like empowered.

FILED

SIGNATURE: 127/08 850-537-4113