

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 17, 2007 08:00 AM
Secretary of State**

DOCUMENT # 711000

1. Entity Name
BAKER WATER SYSTEM, INC.



Principal Place of Business
**5783 MONROE ST.
5783 MONROE STREET
BAKER, FL 32531 US**

Mailing Address
**MONROE STREET, NORTH
P.O. BOX 98
BAKER, FL 32531**



01122007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1264410

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**WALKER, D. F.
ROUTE 2 BOX 308
BAKER, FL 32531**

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|----------------|---------------------|
| TITLE | V |
| NAME | HAYSLIP, FEAGIN |
| STREET ADDRESS | HWY 4 |
| CITY-ST-ZIP | BAKER, FL 32531 |
| TITLE | D |
| NAME | THOMPSON, EARL |
| STREET ADDRESS | 954 NWY C-4A |
| CITY-ST-ZIP | BAKER, FL 32531 |
| TITLE | ST |
| NAME | PATTERSON, WANDA S |
| STREET ADDRESS | ROUTE 1, BOX 196 |
| CITY-ST-ZIP | BAKER, FL |
| TITLE | C |
| NAME | WALKER, D. F. |
| STREET ADDRESS | ROUTE 2 BOX 308 |
| CITY-ST-ZIP | BAKER, FL |
| TITLE | D |
| NAME | MAXSOM, BOB |
| STREET ADDRESS | ROUTE 2, BOX 580 |
| CITY-ST-ZIP | BAKER, FL |
| TITLE | D |
| NAME | SIMON, EMANUEL |
| STREET ADDRESS | 5814 JACK STOKES RD |
| CITY-ST-ZIP | BAKER, FL 32531 |

U00000588530
01/17/07-80076-024 61.25

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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 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:

Wanda Patterson, WANDA PATTERSON

1/12/07