2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2009
Secretary of State

DOCUMENT# 711000

Entity Name: BAKER WATER SYSTEM, INC.

Current Principal Place of Business:

5783 MONROE ST.
5783 MONROE STREET
BAKER, FL 32531 US

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-1264410 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: V ( ) Delete
Name: HAYSLIP, FEAGIN
Address: HWY 4
City-St-Zip: BAKER, FL 32531

Title: D ( ) Delete
Name: SIMON, ISAAC
Address: 5800 ROOSEVELT AVE
City-St-Zip: BAKER, FL 32531

Title: ST ( ) Delete
Name: PATTERSON, WANDA S
Address: 5123 GRIFFITH MILL ROAD
City-St-Zip: BAKER, FL 32531

Title: C ( ) Delete
Name: WALKER, D. F.
Address: ROUTE 2 BOX 308
City-St-Zip: BAKER, FL 32531

Title: D ( ) Delete
Name: HOWZE, MARK
Address: 1750 W FAULK FERRY ROAD
City-St-Zip: BAKER, FL 32531

Title: D ( ) Delete
Name: SIMON, EMANUEL
Address: 5814 JACK STOKES RD
City-St-Zip: BAKER, FL 32531

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WANDA S. PATTERSON ST 04/13/2009
Electronic Signature of Signing Officer or Director — Date