
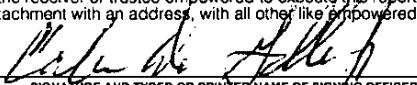


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 8:00 am
Secretary of State

01-23-2006 90102 038 ****70.00

| | | | | | |
|--|--------------------------|---|--|---|--|
| DOCUMENT # 715049 1. Entity Name POINT BAKER WATER SYSTEM, INC. | | | |  | |
| Principal Place of Business 6837 HIGHWAY 89 MILTON, FL 32570 | | | Mailing Address P. O. BOX 808 MILTON, FL 32572 | | |
| 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 59-1296743 | |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| LARRY WHITE & ASSOCIATES INSURANCE AGENCY 196 E. NINE MILE RD. PENSACOLA, FL 32534 | | | 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2006 | | 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 | D | <input type="checkbox"/> Delete | TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | VERNON, BORDERS | | NAME | Borders, Vernon | |
| STREET ADDRESS | 6236 OGLESBY RD | | STREET ADDRESS | | |
| CITY - ST - ZIP | MILTON, FL 32570 | | CITY - ST - ZIP | | |
| TITLE | ST | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | WOMACK, JERRY H | | NAME | | |
| STREET ADDRESS | 3400-B WARD BASIN RD. | | STREET ADDRESS | | |
| CITY - ST - ZIP | MILTON, FL 32583 | | CITY - ST - ZIP | | |
| TITLE | P | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | GILLIS, DOUG | | NAME | | |
| STREET ADDRESS | 6270 OGLESBY RD. | | STREET ADDRESS | | |
| CITY - ST - ZIP | MILTON, FL 32570 | | CITY - ST - ZIP | | |
| TITLE | VP | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | DRIGGERS, JERRY | | NAME | | |
| STREET ADDRESS | 6404 SPRUCE ST. | | STREET ADDRESS | | |
| CITY - ST - ZIP | MILTON, FL 32570 | | CITY - ST - ZIP | | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | SALTER, EDWIN | | NAME | | |
| STREET ADDRESS | 6234 PINE TERRACE CIRCLE | | STREET ADDRESS | | |
| CITY - ST - ZIP | MILTON, FL 32570 | | CITY - ST - ZIP | | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | ROWELL, KEITH | | NAME | See attached addendum | |
| STREET ADDRESS | 6240 BRIGADIER ROAD | | STREET ADDRESS | | |
| CITY - ST - ZIP | MILTON, FL 32570 | | CITY - ST - ZIP | | |
| 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:  | | | Colin D. Gillis, Jr. | | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | <small>Date</small> 01/17/2006 | | |
| | | | <small>Daytime Phone #</small> 8509623-4545 | | |

ATTACHMENT 20062214
2006 Not-For-Profit Corporation
Annual Report
Document #715049
Point Baker Water System, Inc.

Addendum to Section 11 – Additions/Changes to Officers and Directors in 10

Addition –

Title: D
Name: Beasley, Willard
Street Address: 6316 Fairfield Drive
City, ST, Zip: Milton, FL 32570

Addition –

Title: D
Name: Rinehart, James
Street Address: 6100 Jays Way
City, ST, Zip: Milton, FL 32570

Addition –

Title: D
Name: Stewart, James P.
Street Address: 7249 Howard Ave.
City, ST, Zip: Milton, FL 32570