


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 09, 2004 8:00 am**  
**Secretary of State**

01-09-2004 90066 049 \*\*\*\*70.00

<b>DOCUMENT # 716472</b> 1. Entity Name <b>MOSSYHEAD WATER WORKS. INC.</b>					
Principal Place of Business <b>MOSSY HEAD WATER WORKS</b> <b>DEFUNIAK SPRINGS, FL 32433</b>			Mailing Address <b>1485 COUNTY HWY 1087</b> <b>DEFUNIAK SPRINGS, FL 32433</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country		Country	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>ADKINSON, CLAYTON J. M.</b> <b>106 NORTH SIXTH STREET</b> <b>DEFUNIAK SPRINGS, FL 32433</b>				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				<b>FL</b>	
				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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
				<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	TERRELL, TOM	NAME			
STREET ADDRESS	SPRING HILL ROAD	STREET ADDRESS			
CITY-ST-ZIP	MOSSY HEAD, FL 32434	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MONTALVO, ANGEL	NAME			
STREET ADDRESS	HWY 1087	STREET ADDRESS			
CITY-ST-ZIP	MOSSY HEAD, FL 32434	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ESTEY, TED	NAME			
STREET ADDRESS	VICKIE LANE	STREET ADDRESS			
CITY-ST-ZIP	DEFUNIAK SPRINGS, FL 32433	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MILLER, TOM	NAME			
STREET ADDRESS	588 VICKIE LANE	STREET ADDRESS			
CITY-ST-ZIP	DEFUNIAK SPRINGS, FL 32433	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	YOUNG, MAN	NAME			
STREET ADDRESS	11 RENEE BLVD.	STREET ADDRESS			
CITY-ST-ZIP	DEFUNIAK SPRINGS, FL 32433	CITY-ST-ZIP			
TITLE	DVP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SABE, JERRY	NAME			
STREET ADDRESS	398 MILL CREEK DR.	STREET ADDRESS			
CITY-ST-ZIP	MOSSY HEAD, FL 32434	CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.					
<b>SIGNATURE: <i>Thomas L. Terrell</i></b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<b>THOMAS L. TERRELL, PRESIDENT</b>		<b>1-8-04</b> <small>Date</small>	
				<b>850-892-6154</b> <small>Daytime Phone #</small>	