


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 14, 2005 8:00 am**  
**Secretary of State**

01-14-2005 90013 023 \*\*\*\*70.00

**DOCUMENT # 716472**

1. Entity Name  
**MOSSYHEAD WATER WORKS. INC.**



Principal Place of Business  
**MOSSY HEAD WATER WORKS**  
**DEFUNIAK SPRINGS, FL 32433**

Mailing Address  
**1485 COUNTY HWY 1087**  
**DEFUNIAK SPRINGS, FL 32433**

**50002878**



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

01102005 Chg-NP CP2E037 (10/03)

City & State

4. FEI Number  
**59-1683307**

Applied For  
 Not Applicable

Zip Country

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**ADKINSON, CLAYTON J. M.**  
**106 NORTH SIXTH STREET**  
**N**  
**DEFUNIAK SPRINGS, FL 32433**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** 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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25**  
**Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TERRELL, TOM SPRING HILL ROAD MOSSY HEAD, FL 32434 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MONTALVO, ANGEL HWY 1087 MOSSY HEAD, FL 32434 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ESTEY, TED VICKIE LANE DEFUNIAK SPRINGS, FL 32433 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILLER, TOM 588 VICKIE LANE DEFUNIAK SPRINGS, FL 32433 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YOUNG, MAN 11 RENEE BLVD. DEFUNIAK SPRINGS, FL 32433 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP SABE, JERRY 398 MILL CREEK DR. MOSSY HEAD, FL 32434 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 606 Mill Creek DEFUNIAK SPRINGS FL 32433
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 22 ANGEL #A PLACE DEFUNIAK SPRINGS FL 32433
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 590 Vickie Lane
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition DeFUNIAK SPRINGS FL 32433

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.

**SIGNATURE:** Thomas L. Terrell **THOMAS L. TERRELL** **01-12-05** **850-892-6154**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #