

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 716472

FILED  
Jan 04, 2008  
Secretary of State

Entity Name: MOSSYHEAD WATER WORKS. INC.

**Current Principal Place of Business:**

MOSSY HEAD WATER WORKS  
DEFUNIAK SPRINGS, FL 32433

**New Principal Place of Business:**

**Current Mailing Address:**

1485 COUNTY HWY 1087  
DEFUNIAK SPRINGS, FL 32433

**New Mailing Address:**

FEI Number: 59-1683307      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ADKINSON, CLAYTON J. M.  
106 NORTH SIXTH STREET  
N  
DEFUNIAK SPRINGS, FL 32433 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: P ( ) Delete  
Name: TERRELL, TOM,  
Address: 225 CO HWY 1087  
City-St-Zip: DEFUNIAK SPRINGS, FL 32433

Title: D ( ) Delete  
Name: MONTALVO, ANGEL,  
Address: 22 ANGEL PLACE  
City-St-Zip: DEFUNIAK SPRINGS, FL 32433

Title: DVP ( ) Delete  
Name: ESTEY, TED  
Address: 590 VICKIE LANE  
City-St-Zip: DEFUNIAK SPRINGS, FL 32433

Title: D ( ) Delete  
Name: MILLER, TOM  
Address: 588 VICKIE LANE  
City-St-Zip: DEFUNIAK SPRINGS, FL 32433

Title: D ( ) Delete  
Name: CROSBY, TERRY  
Address: 872 DONNA LANE  
City-St-Zip: DEFUNIAK SPRINGS, FL 32433

Title: D ( ) Delete  
Name: MITCHELL, LUKE  
Address: 98 RED HOLLEY LANE  
City-St-Zip: DEFUNIAK SPRINGS, FL 32433

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

Title: DV (X) Change ( ) Addition  
Name: KUSIK, MARIAN  
Address: 91 OAKRIDGE WAY  
City-St-Zip: DEFUNIAK SPRINGS, FL 32433

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

Title: DVP (X) Change ( ) Addition  
Name: CROSBY, TERRY  
Address: 872 DONNA LANE  
City-St-Zip: DEFUNIAK SPRINGS, FL 32433

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: THOMAS L. TERRELL

PRES

01/04/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date