


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 09, 2007 8:00 am**  
**Secretary of State**

02-09-2007 90020 026 \*\*\*\*70.00

<b>DOCUMENT # 722048</b> 1. Entity Name BAGDAD-GARCON POINT WATER SYSTEM, INC.	
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Principal Place of Business 6368 DALISA ROAD MILTON, FL 32583	Mailing Address 6368 DALISA ROAD MILTON, FL 32583
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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40012525



02012007 Chg-NP CR2E037 (12/06)

4. FEI Number 59-1421159	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  REYNOLDS, PETER H 5119 AVENIDA DEL FUEGO MILTON, FL 32571	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

Filing Fee is \$61.25 Due by May 1, 2007	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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PRICE, WILLIAM R P.O. BOX 294 BAGDAD, FL 32530 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD LEWIS, M. STEPHEN II 6672 ROCKY SHORES ROAD MILTON, FL 32583 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD GILLIS, DOUG 4244 LANCASTER GATE ROAD PACE, FL 32571 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D O'NEIL, BOBBY 3102 DEEP WATER COVE MILTON, FL 32583 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOLES, F.D. P.O. BOX 244 BAGDAD, FL 32530 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROXSON, KEN 6305 SARAGON LN MILTON, FL 32583 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  M. Stephen Lewis II 2/7/07 850-623-8508  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

# ATTACHMENT

## Bagdad - Garcon Point Water System, Inc.

6368 DaLisa Road  
Milton, Florida 32583-7635  
Phone: (850) 623-8508 FAX: (850) 623-5039

### Board of Directors

WILLIAM R. PRICE  
President

DOUG GILLIS  
Vice-President

M. STEPHEN LEWIS  
Secretary - Treasurer

F. D. BOLES  
Director

KEN BROXSON  
Director

ROD FINCH  
Director

BOBBY O'NEIL  
Director

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# 722048

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FINCH, ROD	NAME	
STREET ADDRESS	5718 TROUT BAYOU CIRCLE	STREET ADDRESS	5679 PINE RIDGE DR
CITY-ST-ZIP	MILTON, FL 32583	CITY-ST-ZIP	MILTON, FL 32570



MEMBER FLORIDA RURAL WATER ASSOCIATION