

2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 07, 2008 08:00 A
Secretary of State

DOCUMENT # 722048

1. Entity Name
BAGDAD-GARCON POINT WATER SYSTEM, INC.



Principal Place of Business
**6368 DALISA ROAD
MILTON, FL 32583**

Mailing Address
**6368 DALISA ROAD
MILTON, FL 32583**



01162008 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-1421159

Applied For
Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**REYNOLDS, PETER H
5119 AVENIDA DEL FUEGO
MILTON, FL 32571**

**DO NOT WRITE
IN THIS SPACE**

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, 2008

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	PRICE, WILLIAM R
STREET ADDRESS	P.O. BOX 294
CITY-ST-ZIP	BAGDAD, FL 32530
TITLE	STD
NAME	LEWIS, M. STEPHEN II
STREET ADDRESS	6672 ROCKY SHORES ROAD
CITY-ST-ZIP	MILTON, FL 32583
TITLE	VPD
NAME	GILLIS, DOUG
STREET ADDRESS	4244 LANCASTER GATE ROAD
CITY-ST-ZIP	PACE, FL 32571
TITLE	D
NAME	O'NEIL, BOBBY
STREET ADDRESS	3102 DEEP WATER COVE
CITY-ST-ZIP	MILTON, FL 32583
TITLE	D
NAME	BOLES, F.D.
STREET ADDRESS	P.O. BOX 244
CITY-ST-ZIP	BAGDAD, FL 32530
TITLE	D
NAME	BROXSON, KEN
STREET ADDRESS	6305 SARAGON LN
CITY-ST-ZIP	MILTON, FL 32583

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04/17/08-80033-014 70.00

**DO NOT WRITE
IN THIS SPACE**

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: *Doug Gillis*

Doug Gillis

4/2/08

(850) 623-8508

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #