

2007 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Mar 05, 2007 8:00 am
Secretary of State

02-02-2007 90007 047 ***150.00

DOCUMENT # F06000001208 1. Entity Name WATER BONNET MFG., INC.					
Principal Place of Business 66 KINGSBORO AVENUE GLOVERSVILL, NY 12076			Mailing Address 66 KINGSBORO AVENUE GLOVERSVILL, NY 12076		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01032007 Chg-P CR2E034 (12/06)	
4. FEI Number <div style="font-size: 1.2em; font-family: monospace;">59-1630263</div>				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTM E 1200 SOUTH PINE ISLND ROAD PLANTATION, FL 33324			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 _____ (NOTE: Registered Agent signature is required when amending) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD TAYLOR, JAMES W 66 KINGSBORO AVENUE GLOVERSVILL, NY 12076	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS TAYLOR, JOHN 66 KINGSBORO AVENUE GLOVERSVILL, NY 12076	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FLINT, DENNIS 66 KINGSBORO AVENUE GLOVERSVILL, NY 12076	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KHALIFE, ROBERT 66 KINGSBORO AVENUE GLOVERSVILL, NY 12076	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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 607, 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: <u>John E. Taylor</u> SECRETARY JOHN E. TAYLOR 1/24/07 58-705-0681					