

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2008 08:00 AM
Secretary of State

DOCUMENT # P00000044846

1. Entity Name

BILL'S BOTTLED WATER SERVICE, INC.



Principal Place of Business

23210 HARPER AVENUE
SUITE 4
PORT CHARLOTTE, FL 33980 US

Mailing Address

P O BOX 494527
PORT CHARLOTTE, FL 33949-4527



01182008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1007073

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

GREENE, JOAN F
100 SULLIVAN ST
PUNTA GORDA, FL 33956

**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 _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

U000000935818
02/29/08-80050-008 150.00

10. OFFICERS AND DIRECTORS

TITLE PD
NAME MARRINER, CONSTANCE B
STREET ADDRESS 571 MELROSE AVE
CITY-ST-ZIP PORT CHARLOTTE, FL 33952

TITLE VD
NAME MARRINER, WILLIAM J
STREET ADDRESS 18419 LOCKLAND AVE
CITY-ST-ZIP PORT CHARLOTTE, FL 33948

TITLE TD
NAME MARRINER, WILFRED C
STREET ADDRESS 571 MELROSE AVE
CITY-ST-ZIP PORT CHARLOTTE, FL 33952

TITLE SD
NAME MARRINER, ROXANNE P
STREET ADDRESS 18419 LOCKLANE AVE
CITY-ST-ZIP PORT CHARLOTTE, FL 33948

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**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 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

Constance B. Marriner, Pres.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2-22-08

Daytime Phone #

941-629-2225