


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 11, 2004 8:00 am
Secretary of State

02-11-2004 90028 014 ***150.00

DOCUMENT # **P00000098284**

1. Entity Name
Ginnie Springs Bottled Water Company



DO NOT WRITE IN THIS SPACE

94013687

2. Principal Place of Business
910 PARK PLACE DRIVE
Suite, Apt. #, etc.

3. Mailing Address
910 PARK PLACE DRIVE
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Englewood, FL

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Englewood, FL

Zip
34223 Country
U.S.

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34223 Country
U.S.

4. FEI Number
59-3717821

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
Robert D. Wray

Street Address (P.O. Box Number is Not Acceptable)
910 Park Place Drive

City
Englewood FL Zip Code
34223

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 **x Robert D. Wray** (NOTE: Registered Agent signature required when reinstating)

DATE **2-5-04**

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Wray, Robert D. 910 PARK PLACE DRIVE ENGLEWOOD, FL 34223
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Wray, Rachel S. 910 PARK PLACE DRIVE ENGLEWOOD, FL 34223
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD JOHNSON, RHONDA WRAY 5600 N.E. 60th AVE. High Springs, FL 32643
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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 exemption stated in Section 119.07(3)(i), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: **x Robert D. Wray** **ROBERT D. WRAY** **2-5-04** **941-474-5161**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)