

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 08, 2004 8:00 am
Secretary of State

03-08-2004 90043 011 ***150.00

DOCUMENT # P01000092350

1. Entity Name

ALL AMERICAN BOTTLED WATER, INC.



Principal Place of Business

130B RICH STREET
VENICE FL 34292

Mailing Address

130B RICH STREET
VENICE FL 34292

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-1139154**

Applied For

Not Applicable

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



MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent

ANDERSON, BETTY M
2859 BONITA DRIVE
VENICE FL 34292

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

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, 2004 Fee will be \$550.00

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 **D** ☐ Delete
NAME **ANDERSON, BETTY M**
STREET ADDRESS **2859 BONITA DRIVE**
CITY-ST-ZIP **VENICE FL 34292**

TITLE **D** ☐ Delete
NAME **SCHOTT, SHARON M**
STREET ADDRESS **445 PINWOOD LAKE DR.**
CITY-ST-ZIP **VENICE FL 34292**

TITLE **D** ☐ Delete
NAME **KIDWELL, SEAN L**
STREET ADDRESS **1911 FAUN RD.**
CITY-ST-ZIP **VENICE FL 34293**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Change ☐ Addition
NAME **ANDERSON, BETTY M.**
STREET ADDRESS **2859 BONITA DR.**
CITY-ST-ZIP **VENICE, FL. 34292**

TITLE **S, T** ☒ Change ☐ Addition
NAME **Schott, Sharon M.**
STREET ADDRESS **1735 SAN SILVESTRO DR.**
CITY-ST-ZIP **VENICE, FL. 34285**

TITLE **V** ☒ Change ☐ Addition
NAME **Kidwell, SEAN L.**
STREET ADDRESS **2861 BONITA DR**
CITY-ST-ZIP **VENICE, FL. 34285**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Sharon M. Schott **S. T. SCHOTT, SHARON M. Schott**

2/23/04 (941) 484-1070

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #