

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 07, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000047061 1. Entity Name BLUE SPRINGS HEALTH WATER INC.	
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Principal Place of Business 201 W. BASE STREET MADISON, FL 32340	Mailing Address 201 W. BASE STREET MADISON, FL 32340
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent LANGFORD, E C 1715 W CLEVELAND ST TAMPA, FL 33606	DO NOT WRITE IN THIS SPACE
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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 required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	000000105558 04/07/04-80030-023 158.75
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D WELCH, ALLEN L 201 W. BASE STREET MADISON, FL 32340
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VD SEARCY, JAMES R 201 W. BASE STREET MADISON, FL 32340
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DST SEARCY, VIVIAN 201 W. BASE STREET MADISON, FL 32340
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD DAVIS, J.B. JR. 420 LAKESHORE DR MADISON, FL 32340
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DVP SEARCY, JAMES R 201 W. BASE STREET MADISON, FL 32340
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)(f), 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: Vivian W. Searcy **3/15/04** **850-973-4049**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #