2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000038624

FILED Jan 24, 2006 Secretary of State

Entity Name: FLORIDA'S SILVER SPRINGS SPRING WATER COMPANY

Current Principal Place of Business: New Principal Place of Business:

11514 E. HWY 316 - P.O. BOX 188 FORT MCCOY, FL 32134

Current Mailing Address: New Mailing Address:

P.O. BOX 188 FORT MCCOY, FL 32134

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

GREENE, C RAY III GREENE, C RAY III
P.O. BOX 188 11514 EAST HWY. 316
FORT MCCOY, FL 32134 US FORT MCCOY, FL 32134 US

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.

SIGNATURE: C. RAY GREENE, III 01/24/2006

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D () Delete Title: PD (X) Change () Addition

 Name:
 GREENE, JACK A
 Name:
 GREENE, JACK A

 Address:
 P O BOX 188
 Address:
 P O BOX 188

City-St-Zip: FORT MCCOY, FL 32134 US City-St-Zip: FORT MCCOY, FL 32134 US

Title: PD () Delete Title: STD (X) Change () Addition

 Name:
 GREENE, III, C R
 Name:
 GREENE, III, C R

 Address:
 P O BOX 188
 Address:
 P O BOX 188

City-St-Zip: FORT MCCOY, FL 32134 US City-St-Zip: FORT MCCOY, FL 32134 US

Title: STD () Delete Title: () Change () Addition

 Name:
 GREENE, SUE
 Name:

 Address:
 P O BOX 188
 Address:

 City-St-Zip:
 FORT MCCOY, FL 32134 US
 City-St-Zip:

Title: VPD () Delete Title: () Change () Addition

 Name:
 GREENE, SR, WILLIAM B
 Name:

 Address:
 P O BOX 188
 Address:

 City-St-Zip:
 FORT MCCOY, FL 32134 US
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: C. RAY GREENE, III STD 01/24/2006