

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 09, 2006 8:00 am
Secretary of State

05-09-2006 90079 032 ***150.00

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1. Entity Name

BOBBY'S BETTER WATER, INC.



Principal Place of Business

14630 BLUE STONE LANE
ODESSA, FL 33556-
3622

Mailing Address

14630 BLUE STONE LANE
ODESSA, FL 33556-
3622

40089669



DO NOT WRITE IN THIS SPACE

05012006 No Chg-P CR2E034 (11/05)

4. FLE Number

20-0514369

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

KINCAID, BOBBY S.
14630 BLUE STONE LANE
ODESSA, FL 33556-3622DO 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 the filer is acceptable)

(NOT: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.009. Election Campaign Financing
Trust Fund Contributor: ☐\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
PSD	KINCAID, BOBBY S.	14630 BLUE STONE LANE	ODESSA FL 33556-3622

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP

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TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP

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IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 110, 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: Bobby Kincaid PSD

4-28-06

813-714-8179

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Filing Place

BOBBY KINCAID