

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000046158

FILED
Mar 12, 2007
Secretary of State

Entity Name: COLLIER BOTTLED WATER, INC.

Current Principal Place of Business:

5182 MABRY DRIVE
NAPLES, FL 34112

New Principal Place of Business:

Current Mailing Address:

5182 MABRY DRIVE
NAPLES, FL 34112

New Mailing Address:

FEI Number: 20-2571643

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VASQUEZ, ERIC ESQ
900 6TH AVENUE SOUTH
SUITE 201
NAPLES, FL 34102 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SCAFIDI, RICHARD
Address: 5182 MABRY DRIVE
City-St-Zip: NAPLES, FL 34112

Title: VP () Delete
Name: ALMODOVAR, ANTONIO
Address: 1040 28TH AVENUE NORTH
City-St-Zip: NAPLES, FL 34103

Title: T () Delete
Name: SCAFIDI, SUSAN
Address: 5182 MABRY DRIVE
City-St-Zip: NAPLES, FL 34112

Title: S () Delete
Name: ALMODOVAR, ANDREA
Address: 1040 28TH AVENUE NORTH
City-St-Zip: NAPLES, FL 34103

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: ALMODOVAR, ANDREA
Address: 1040 28TH AVENUE NORTH
City-St-Zip: NAPLES, FL 34103

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: SUSAN A. SCAFIDI

T

03/12/2007

Electronic Signature of Signing Officer or Director

Date