

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000033087

1. Entity Name
MCCULLOUGH PREMIUM WATER, INC.



Principal Place of Business

26 NORTH OCEAN DRIVE, GULFSTREAM SHORES
KEY LARGO, FL 33037

Mailing Address

26 NORTH OCEAN DRIVE, GULFSTREAM SHORES
KEY LARGO, FL 33037

FILED

2008 APR 30 PM 1:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04252008 No Chg-P CR2E034 (11/05)

4. FEI Number
20-4454927

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

HENDERSON, ELIZABETH
26 NORTH OCEAN DRIVE, GULFSTREAM SHORES
KEY LARGO, FL 33037

**DO 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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	HENDERSON, DALE
STREET ADDRESS	26 NORTH OCEAN DRIVE, GULFSTREAM SHORES
CITY - ST - ZIP	KEY LARGO, FL 33037
TITLE	VPST
NAME	HENDERSON, ELIZABETH
STREET ADDRESS	26 NORTH OCEAN DRIVE, GULFSTREAM SHORES
CITY - ST - ZIP	KEY LARGO, FL 33037
TITLE	D
NAME	HENDERSON, ELIZABETH
STREET ADDRESS	26 NORTH OCEAN DRIVE, GULFSTREAM SHORES
CITY - ST - ZIP	KEY LARGO, FL 33037
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

300127363173
04/30/08--01020--020 **150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Elizabeth Henderson, Elizabeth Henderson 4/28/08 305-451-1196
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #