2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000007877

City-St-Zip:

Entity Name: WILDWOOD SPRINGS BULK WATER INC.

FILED Feb 25, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
	R. 44 EXIT 329 OD, FL 34785		412 E. S.R. 44 WILDWOOD, FL 3478	35	
Current N	lailing Addres	s:	New Mailing Address	s:	
P.O. BOX WILDWO	1032 OD, FL 34785				
FEI Number	: 26-2011810	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	d Address of C	urrent Registered Agent:	Name and Address o	f New Registered Agent:	
	DEBBIE R. 44 EXIT 329 OD, FL 34785	US			
	e named entity s e of Florida.	ubmits this statement for the	ourpose of changing its registered	d office or registered agent, or both,	
SIGNATU	RE:				
SIGNATU		c Signature of Registered Ag	ent	Date	
	Electroni	ic Signature of Registered Ag Trust Fund Contribution ().	ent	Date	
Election Ca	Electroni	Trust Fund Contribution ().		Date ES TO OFFICERS AND DIRECTOR	
Election Ca OFFICER Title: Name: Address:	Electroni mpaign Financing S AND DIRECT	Trust Fund Contribution (). FORS: Delete AM	ADDITIONS/CHANGE		
Election Ca	Electroni mpaign Financing S AND DIRECT P () FARKUS, WILLI P.O. BOX 1032 WILDWOOD, FL	Trust Fund Contribution (). FORS: Delete AM _ 34785 Delete IE	ADDITIONS/CHANGE Title: Name: Address: City-St-Zip:	ES TO OFFICERS AND DIRECTOR	
Election Ca OFFICER Title: Name: Address: City-St-Zip: Title: Name: Address:	Electroni mpaign Financing S AND DIRECT P () FARKUS, WILLI. P.O. BOX 1032 WILDWOOD, FL V () FARKUS, DEBB P.O. BOX 1032 WILDWOOD, FL	Trust Fund Contribution (). FORS: Delete AM _ 34785 Delete IE	ADDITIONS/CHANGE Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	ES TO OFFICERS AND DIRECTOR () Change () Addition () Change () Addition () Change (X) Addition ERRI	

I hereby certify that the information supplied with this filing does not qualify 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.

City-St-Zip:

WILDWOOD, FL 34785

SIGNATURE: WILLIAM FARKUS P 02/25/2009