## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P94000032027

Name:

Address: City-St-Zip: JOHNSON, BAKER E

HIGH SPRINGS, FL 32643

805 NW 7TH AVE

Entity Name: SEVEN SPRINGS WATER COMPANY

FILED Mar 18, 2009 Secretary of State

•							
Current Principal Place of Business:				New Principal Place of Business:			
101 GINNIE SPRINGS RD. HIGH SPRINGS, FL 32643				5600 NE 60TH AVENUE HIGH SPRINGS, FL 32643			
Current Mailing Address:				New Mailing Address:			
101 GINNIE SPRINGS RD. HIGH SPRINGS, FL 32643				5600 NE 60TH AVENUE HIGH SPRINGS, FL 32643			
FEI Number	: 59-3243964	FEI Number Applied	For ( ) FEI Nu	mber Not App	icable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
HIGH SPF The above in the State	É SPRINGS RINGS, FL 3 named entit e of Florida.	2643 US	nt for the purpose	of changing i	ts registere	ed office or registered agent, or both,	
SIGNATURE: Electronic Signature of Registered Agent				Date			
Election Ca	mpaign Financ	ing Trust Fund Contributi	on ( ).				
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS			
Title: Name: Address: City-St-Zip:	KLEMANS, F	SPRINGS RD.		Title: Name: Address: City-St-Zip:		( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	P JOHNSON, F 5600 NE 601 HIGH SPRIN	TH AVE		Title: Name: Address: City-St-Zip:		(X) Change ( ) Addition RHONDA W. 155TH AVENUE NGS, FL	
Title:	S	( ) Delete		Title:	s	(X) Change ( ) Addition	

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.

Name:

Address:

City-St-Zip:

BARKER, ERIN J

5707 NE 60TH AVENUE

HIGH SPRINGS, FL 32643

SIGNATURE: RHONDA W. JOHNSON P 03/18/2009