## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P95000008698

Entity Name: ICED SPRINGS BOTTLED WATER, INC.

FILED Jan 19, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

4801 LAUBER WAY TAMPA, FL 33614

Current Mailing Address: New Mailing Address:

PO BOX 260633 TAMPA, FL 33685

FEI Number: 59-3316662 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ENOCH, MARK A

10805 BUCKSKIN PLACE
TAMPA, FL 33626 US

ENOCH, MARK A

4410 SOUTH AVENUE
TAMPA, FL 33614 US

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: MARK A. ENOCH 01/19/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P ( ) Delete Title: P (X) Change ( ) Addition

 Name:
 ENOCH, MARK A
 Name:
 ENOCH, MARK A

 Address:
 10805 BUCKSKIN PLACE
 Address:
 4410 SOUTH AVENUE

 City-St-Zip:
 TAMPA, FL 33626
 City-St-Zip:
 TAMPA, FL 33614 US

 Name:
 ENOCH, DEBRA C
 Name:
 ENOCH, DEBRA C

 Address:
 10805 BUCKSKIN PLACE
 Address:
 4410 SOUTH AVENUE

 City-St-Zip:
 TAMPA, FL 33626
 City-St-Zip:
 TAMPA, FL 33614 US

Title: O ( ) Delete Title: O (X) Change ( ) Addition

 Name:
 NEWCOMB, NORMAN F
 Name:
 NEWCOMB, NORMAN F

 Address:
 3704 HORATIO STREET
 Address:
 3704 HORATIO STREET

 City-St-Zip:
 TAMPA, FL 33609
 City-St-Zip:
 TAMPA, FL 33609 US

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.

SIGNATURE: DEBRA ENOCH S 01/19/2009