

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 08:00 AM
Secretary of State

DOCUMENT # P97000028518

1. Entity Name
FLORIDA'S GLACIER WATER, INC.



Principal Place of Business
19788 MANECHE RD
BROOKSVILLE, FL 34601

Mailing Address
19788 MANECHE RD
BROOKSVILLE, FL 34601



01102005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3449681

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MCEVERS, MILTON S
19774 MANECHE RD
BROOKSVILLE, FL 34601

**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 MILTON S. MCEVERS SEC/TREAS 4/27/05
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE P
NAME MCEVERS, SCOTT J
STREET ADDRESS 19788 MANECHE RD
CITY-ST-ZIP BROOKSVILLE, FL 34601

TITLE VP
NAME MCEVERS, MILTON
STREET ADDRESS 19774 MANECHE RD
CITY-ST-ZIP BROOKSVILLE, FL 34601

TITLE S
NAME MCEVERS, VIRGINIA
STREET ADDRESS 19774 MANECHE RD
CITY-ST-ZIP BROOKSVILLE, FL 34601

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

U00000334065
04/27/05-80029-017 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-10-05 813 417 2063
Date Daytime Phone #