FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT **CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

1. Corporation Name SWEET DREAMS WATER CO.,			.
Principal Place of Business	Mailing Address		I
9625 ALONZO ROAD RIVERVIEW FL 33569	9625 ALONZO ROAD RIVERVIEW FL 33569		
			3. Date II 02/23
2. Principal Place of Business	2a. Mailing Address		4. FEI Nu
21	26		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certifo
City & State	City & State		6. Electio
23	28		Trust F
Zip Country 25	Zip 29 3	Country	8. This co
9. Name and Address of C		<u>, </u>	10. Name
	JA 6 1 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	81 Name	.,,

FILED Feb 01, 1999 8:00am **Secretary of State**

02-01-1999 90044 021 ***150.00

	DREAMS WATER CO., INC.						
Principal Pla	ce of Business	Mailing Address				at itant innat inn	(6 (888))() (88 1
9625 ALONZO	• •	9625 ALONZO ROAD			,		
RIVERVIEW FL 33569 RIVERVIEW FL 33569							
					DO NOT WRITE IN TH	S SPACE	*
					3, Date Incorporated or Qualifed		1 7 7 7
A Delevier II	Diagonal Designation	A MARINE Address			02/23/1998	1.1.2	
	Place of Business	2a. Mailing Address			4. FEI Number		pplied For
Suite, Apl	t # ata	Suite, Apt. #, etc.					ot Applicable Additional
─ ¬ `		27			5. Certifcate of Status Desired		equired
City & Sta		City & State			& Flortion Compaign Financing		May Be
23		28			6. Election Campaign Financing Trust Fund Contribution		мау ве to Fees
Zip	Country	Zip	Country	y	8. This corporation owes the current year I	-	
24	25	29	30	•	Personal Property Tax.	Yes	□No
=:1	9. Name and Address of Current R	L /			10. Name and Address of New Registere	d Agent	
		7 () 40	81	Name			
	OPE, DALE		. 82	Street Add	dress (P.O. Box Number is Not Acceptable)		• • •
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	ITE 850		83	В	1950年,清清智多年韓清朝主義指揮	S. C. Silver	4.568
IAN	MPA FL 22602		84	City	。	85 Zip	Code
ADER NAMES	a market of the state of the st		. 67	City	F		Code
11. Pursuan	t to the provisions of Sections 607.0502 a	nd 607.1508, Florida Statut	es, the abov	e-named cor	poration submits this statement for the purpose	of changing its	registered
office or agent.	registered agent, or both, in the State of I am familiar with, and accept the obligation	Florida. Such change was a ns of, Section 607,0505, Flo	uthorized by rida Statutes	the corporal s.	tion's board of directors. I hereby accept the app	ointment as re	egistered
SIGNATURE						1	
SIGNATURE	Signature, typed or printed name of registered agent an	d title if applicable (NOTE					
12.		d tile ii applicable. (NOTE	: Registered Age	nt signature requi	red when reinstating) ; ; ;	<u></u>	
TITLE	OFFICERS AND I	DIRECTORS	13.	nt signature requi	ADDITIONS/CHANGES TO OFFICERS A		
	PD			nt signature requi		ND DIRECTO	ORS IN 12
NAME ·	PD ADAMS, JERRY F	DIRECTORS	13.	nt signature requi			
STREET ADDRESS	PD ADAMS, JERRY F s 9625 ALONZO ROAD	DIRECTORS	13. 1.1 TITLE 1.2 NAME	nt signature requi			
	PD ADAMS, JERRY F 9625 ALONZO ROAD RIVERVIEW FL 33569	DIRECTORS	13. 1.1 TITLE 1.2 NAME	TADORESS		☐ Change	☐ Addition
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report of suppliemental annual 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 12 or Block 13 if chapter or on an attachment with an address, with all other like empowered.

SIGNATURE