


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2004 8:00 am
Secretary of State

04-20-2004 90056 001 ***450.00

DOCUMENT # P99000006082 1. Entity Name WAKULLA SPRINGS BOTTLING CO. INC					
Principal Place of Business 2814 APALACHEE PKWY TALLAHASSEE, FL 32301 US			Mailing Address 5800 OLD FORGE CT TALLAHASSEE, FL 32311		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 3078 HONOR LANE Suite, Apt. #, etc.			
City & State _____		City & State TALLAHASSEE FL		4. FEI Number 59-3729148	
Zip _____		Country 32301 LEON		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GOOD, LARRY D 5800 OLD FORGE CT 3078 HONOR LN TALLAHASSEE, FL 32311 32301				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City FL Zip Code _____	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P	NAME GOOD, LARRY		TITLE _____		
STREET ADDRESS 5800 OLD FORGE CT 3078 HONOR LANE	CITY-ST-ZIP TALLAHASSEE, FL 32311 32301		NAME _____		
CITY-ST-ZIP 32301	CITY-ST-ZIP _____		STREET ADDRESS _____		
CITY-ST-ZIP _____	CITY-ST-ZIP _____		CITY-ST-ZIP _____		
CITY-ST-ZIP _____	CITY-ST-ZIP _____		CITY-ST-ZIP _____		
CITY-ST-ZIP _____	CITY-ST-ZIP _____		CITY-ST-ZIP _____		
CITY-ST-ZIP _____	CITY-ST-ZIP _____		CITY-ST-ZIP _____		
12. 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 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: <i>Larry D. Good</i> Larry D. Good 4-8-04 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					