## 2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

SIGNATURE:

## Jan 29, 2004 8:00 am **Secretary of State** DOCUMENT # S26241 1. Entity Name -01-29-2004 90089 044 \*\*\*150.00 SILVER SPRINGS BOTTLED WATER CO. Principal Place of Business Mailing Address P.O. BOX 926 P.O. BOX 926 24004407 SILVER SPRINGS FL 34489 SILVER SPRINGS FL 34489 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) 4. FEI Number Applied For City & State City & State 65-0238875 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent RICHMOND, KARL E. Street Address (P.O. Box Number is Not Acceptable) 66 NE 56 TERR OCALA FL 33970 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PD TITLE ☐ Delete TITLE Change ☐ Addition RICHMOND, KARL E NAME NAME 66 N.E. 56TH TERRACE STREET ADDRESS 1/21 BERNARDO BLVd. STREET ADDRESS CITY-ST-ZIP OCALA FL CITY-ST-ZIP LADY LAKE FL 32159 VS Change TITLE ☐ Delete RICHMOND, KANE NAME 11750 SE 123rd STREET STREET ADDRESS 3039 NE 39 PL STREET ADDRESS CITY-ST-ZIP OCALA FL CITY-ST-ZIP BELLEVIEW, FLORIDA 34420 TITLE Delete TITLE Change Addition NAME RICHMOND, KIRK NAME STREET ADDRESS 6674 KESTREL CIR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT MYER\$ FL TITLE ☐ Delete TITLE ☐ Change ☐ Addition MCPHILLIPS, CHERYL NAME NAME 1575 WORLEY AVE STREET ADDRESS STREET ADDRESS MERRITT ISLAND FL CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change □ Addition RICHMOND, KEITH NAME NAME 1970 OAK DR STREET ADDRESS STREET ADDRESS FORT MYERS FL CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP 12. I hereby certify that the information supplied with this filing does not qualify fer 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.

KANERICHMOND

FILED