

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2006 8:00 am
Secretary of State

01-10-2006 90031 021 ****61.25

DOCUMENT # 709581 1. Entity Name BRATT-DAVISVILLE WATER SYSTEM, INC.					
Principal Place of Business 11100 HWY 97 MC DAVID, FL 32568 US			Mailing Address P.O. DRAWER 770 ATMORE, AL 36504 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 63-0596247	
5. Certificate of Status Desired ☐				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent RYLAND, BEVERLY 5650 PINE FOREST RD WALNUT HILL, FL 32568				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				\$8.75 Additional Fee Required	
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
Filing Fee Is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	PELT, JAMES D		NAME		
STREET ADDRESS	9410 HWY 47		STREET ADDRESS		
CITY-ST-ZIP	CENTURY, FL 32535		CITY-ST-ZIP		
TITLE	VP	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	JOHNSON, JOHNNIE		NAME		
STREET ADDRESS	2950 PURDUE RD		STREET ADDRESS		
CITY-ST-ZIP	MC DAVID, FL 32568		CITY-ST-ZIP		
TITLE	ST	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	RYLAND, BEVERLY		NAME		
STREET ADDRESS	5650 PINE FOREST RD		STREET ADDRESS		
CITY-ST-ZIP	WALNUT HILL, FL 32588		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	WHEELER, BECKY		NAME		
STREET ADDRESS	4421 N HWY 98		STREET ADDRESS		
CITY-ST-ZIP	MC DAVID, FL 32568		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	PEBBLES, DARIN		NAME		
STREET ADDRESS	7036 MCCLHANEY RD		STREET ADDRESS		
CITY-ST-ZIP	CENTURY, FL 32535		CITY-ST-ZIP		
TITLE	BOD	☒ Delete	TITLE	☒ Change ☐ Addition	
NAME	KIMMONS, RAMOND		NAME	Joseph Sigafosse	
STREET ADDRESS	5631 PINE FOREST RD.		STREET ADDRESS	7240 McElhaneY Rd	
CITY-ST-ZIP	WALNUT HILL, FL 32568		CITY-ST-ZIP	Century 71 32535	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 617, 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>Beverly Ryland</i>			SIGNATURE: <i>Joe Kimmons</i>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		
Date 1/6/05			Daytime Phone # 850-327-6718		