


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90329 029 ***150.00

DOCUMENT # P36192
 1. Entity Name
MOUNTAIN VALLEY SPRING COMPANY



Principal Place of Business
 P.O. BOX 1610
 HOT SPRINGS, AR 71902

Mailing Address
 P.O. BOX 1610
 HOT SPRINGS, AR 71902

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
5949 Sherry Lane
Suite 1900

City & State
Dallas, Texas

Zip
75225

Country
USA



01072004 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

4. FEI Number
13-2564099

Applied For
 Not Applicable

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

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 _____ DATE _____
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 After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ETHRIDGE, JOSEPH A 5949 SHERRY LANE, SUITE 1900 DALLAS, TX 75225	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KORBA, ROBERT W. 5949 SHERRY LANE, SUITE 1900 DALLAS, TX 75225	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MITCHELL, THOMAS 150 CENTRAL AVENUE HOT SPRINGS, AR 71901	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPSD WASHBURN, JOHN H. 5949 SHERRY LANE, SUITE 1900 DALLAS, TX 75225	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SIMMONS, DON 150 CENTRAL AVE HOT SPRINGS, AR	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPCT ZIMMERMAN, JOE 5949 SHERRY LANE, SUITE 1900 DALLAS, TX 75225	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP, General Counsel & Sec. Heather Kreager 5949 Sherry Lane, Suite 1900 Dallas, TX 75225	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Executive VP, Director John H. Washburn 5949 Sherry Lane, Suite 1900 Dallas, TX 75225	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: Joseph A. Ethridge **Joseph A. Ethridge** 4-14-04 **4-14-04** 214-210-5000 **214-210-5000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #