


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2005 08:00 AM
Secretary of State

DOCUMENT # K44477
 1. Entity Name
WATERCOLOR SEMINARS, INC.



Principal Place of Business HESS, SUSAN 13354 2ND ST E MADEIRA BEACH, FL 33708 US	Mailing Address 13354 2ND ST E MADERIA BEACH, FL 33708 US
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DO NOT WRITE IN THIS SPACE



02052005 No Chg-P CR2E034 (10/03)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HESS, SUSANB
13354 2ND ST E
MADERIA BEACH, FL 33708

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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, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP HESS, SUSAN 13354 2ND ST EAST MADERIA BEACH, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD YOUNG, TONI 8221 64TH ST PINELLAS PARK, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS PALLET, MARGARET 12235 SUN VISTA CT E TREASURE ISLAND, FL 33706
TITLE NAME STREET ADDRESS CITY - ST - ZIP	R TAYLOR, IKIN 4513 LUMB AVE. TAMPA, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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02/14/05-80075-010 150.00

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: Susan Hess Susan Hess 2-12-05 (727)391-8908
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #