

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2005 8:00 am
Secretary of State

03-10-2005 90157 044 ***150.00

DOCUMENT # P01000098799

1. Entity Name
"WATERSHAPES" BY GREG GINSTROM, INC.



Principal Place of Business
670 REDWOOD COURT
SATELLITE BEACH, FL 32937

Mailing Address
670 REDWOOD COURT
SATELLITE BEACH, FL 32937

50024355



2. Principal Place of Business
303 Dunmore Court

3. Mailing Address
303 Dunmore Court

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02102005

Chg-P

CR2E034 (10/03)

City & State
Satellite Beach, FL

City & State
Satellite Beach, Fl

4. FEI Number
59-3748049

Applied For
Not Applicable

Zip
32937

Country

Zip
32937

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ANDERSON, J. PATRICK
930 S. HARBOR CITY BLVD.
SUITE 505
MELBOURNE, FL 32901

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
GINSTROM, GREG
670 REDWOOD COURT
SATELLITE BEACH, FL 32937

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Ginstrom, Greg
303 Dunmore Court
Satellite Beach, Fl 32937

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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☐ Delete

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CITY-ST-ZIP

☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-7-05

Date

Daytime Phone #