

2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-19-2004 90281 031 ***150.00

DOCUMENT # P03000088350					
1. Entity Name GREAT AMERICAN WATERFALL COMPANY					
Principal Place of Business 10453 TILLERY RD SPRING HILL, FL 34608			Mailing Address 5143 COMMERCIAL WAY SPRING HILL, FL 34606		
2. Principal Place of Business 10451 TILLERY ROAD		3. Mailing Address 10451 TILLERY ROAD		<div style="font-size: 24px; font-weight: bold; margin-bottom: 10px;">94054624</div> <div style="display: flex; justify-content: space-between; font-size: 10px;"> 03122004 Chg-P CR2E034 (10/03) </div>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State SPRING HILL, FL		City & State SPRING HILL, FL			
Zip 34608		Zip 34608			
6. Name and Address of Current Registered Agent KIERZYNSKI, MICHAEL J 5143 COMMERCIAL WAY SPRING HILL, FL 34606				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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 MEROLA, SHERYL <input type="checkbox"/> Delete 4388 ELWOOD RD SPRING HILL, FL 34608		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"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DIXON, BEN F. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1307 NW 57TH STREET GAINESVILLE, FL 32605	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KESSLER, MICHAEL R. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 9613 RIVER ROAD SPRING HILL, FL 34608	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T HOWLAND, SUSAN <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 12309 BAXLEY STREET SPRING HILL, FL 34609	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		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"/> Delete		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)(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: Ben F. Dixon <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 4-12-04 Daytime Phone # 352-683-0042		