


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 26, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P03000088350</b>	
1. Entity Name <b>GREAT AMERICAN WATERFALL COMPANY</b>	

Principal Place of Business <b>10451 TILLERY ROAD SPRING HILL, FL 34608</b>	Mailing Address <b>10451 TILLERY ROAD SPRING HILL, FL 34608</b>
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**DO NOT WRITE IN THIS SPACE**



03052005 No Chg-P CR2E034 (10/03)

4. FEI Number <b>74-3102718</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>KIERZYNSKI, MICHAEL J 5143 COMMERCIAL WAY SPRING HILL, FL 34606</b>	<b>DO NOT WRITE IN THIS SPACE</b>
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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>U00000277277 03/26/05-80023-013 150.00</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MEROLA, SHERYL 4388 ELWOOD RD SPRING HILL, FL 34608
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DIXON, BEN F 1307 NW 57TH STREET GAINESVILLE, FL 32605
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KESSLER, MICHAEL R 9613 RIVER ROAD SPRING HILL, FL 34608
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST HOWLAND, SUSAN 12309 BAXLEY STREET SPRING HILL, FL 34609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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: 	<b>3-15-05</b> <b>352-683-0042</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #