

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Jan 24, 2005 08:00 AM
Secretary of State

DOCUMENT # 143981

1. Entity Name

WARM MINERAL SPRINGS, INC.



Principal Place of Business

938 SUNSET DRIVE
VENICE FL 34285

Mailing Address

938 SUNSET DRIVE
VENICE FL 34285

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-0541067

Applied For

Not Applicable

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

WHEELER, MARY ALICE
938 SUNSET DR.
VENICE FL 34285

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

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	WHEELER, MARY ALICE D	
STREET ADDRESS	938 SUNSET	
CITY- ST- ZIP	VENICE FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	DALEY, F.M. JR.	
STREET ADDRESS	10 MEADOW LANE	
CITY- ST- ZIP	HANOVER NH	
TITLE	SD	<input type="checkbox"/> Delete
NAME	GRISSINGER, SUSAN	
STREET ADDRESS	1000 CRESTWOOD RD.	
CITY- ST- ZIP	ENGLEWOOD FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	HERRON, SAMUEL H JR.	
STREET ADDRESS	711 VALENCIA ROAD	
CITY- ST- ZIP	VENICE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	DALEY, GERTRUDE S	
STREET ADDRESS	10 MEADOW LANE	
CITY- ST- ZIP	HANOVER NH	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	U00000192588	
STREET ADDRESS	01/25/05-80023-011 150.00	
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Mary Alice Wheeler

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-21-05 (941) 488-2553

Date

Daytime Phone #