## \*2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

## DOCUMENT # G42428

WATERMAN BROADCASTING CORPORATION OF **FLORIDA** 



**FILED** Jan 21, 2005 08:00 AM Secretary of State

Principal Place of Business

3719 CENTRAL AVENUE P.O. BOX 7578

FT. MYERS, FL 33911-7578 US

Mailing Address

3719 CENTRAL AVENUE P.O. BOX 7578 FT. MYERS, FL 33911-7578 US



01032005

No Chg-P

CR2E034 (10/03)

4. FEI Number 59-2308739 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324

## DO NOT WRITE IN THIS SPACE

8. The above the obligat	named entity submits this statement for the pions of registered agent.	urpose of changing its registere	d office or i	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept		
SIGNATURE	Signature, typed or printed name of registered agent and title i	Lapplicable (NOTE Registered	Ãoent signatur	e required when reinstating)	DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		Election Campaign Finance     Trust Fund Contribution.		\$5.00 May Be Added to Fees	DATE		
10.	OFFICERS AND DIREC	TORS			<u>UQQQQ0188679</u>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP WATERMAN, BERNARD E 3719 CENTRAL AVE FT MYERS, FL				01/24/05-80065-010 150.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS WATERMAN, EDITH B 3719 CENTRAL AVE FT MYERS, FL	***					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TAUDRESS 3719 CENTRAL AVE			DO NOT WRITE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE				
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
12. I hereby	sertify that the information supplied with this fill	ing does not qualify for the exen	ption state	d 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:

Enaterman 12 mara SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #