

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G95504

FILED
Mar 01, 2005
Secretary of State

Entity Name: WET SET PUBLICATIONS, INC.

Current Principal Place of Business:

5395 LENOX AVENUE
JACKSONVILLE, FL 32205

New Principal Place of Business:

Current Mailing Address:

1324 PLACID PL.
JACKSONVILLE, FL 32205

New Mailing Address:

FEI Number: 59-2420629

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NETTLES, PATRICIA LYNN
1324 PLACID PL.
JACKSONVILLE, FL 32205 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: NETTLES, PATRICIA LY, NN
Address: 1324 PLACID PL.
City-St-Zip: JACKSONVILLE, FL 32205 US

Title: S () Delete
Name: DEVLIN, HEIDI
Address: 5127 POPPY DR
City-St-Zip: JACKSONVILLE, FL 32205 US

Title: D () Delete
Name: NEWMAN, SANDI
Address: 5395 LENOX AVE
City-St-Zip: JACKSONVILLE, FL 32205 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Change (X) Addition
Name: COUNTS, DOUG C
Address: 5395 LENOX AVE.
City-St-Zip: JACKSONVILLE, FL 32205

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PATRICIA LYNN NETTLES

PD

03/01/2005

Electronic Signature of Signing Officer or Director

Date