

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 09, 2005 08:00 AM
Secretary of State**

DOCUMENT # J87852 1. Entity Name WATER MANIA, INC.	
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Principal Place of Business 6073 W IRLO BRONSON MEM HWY KISSIMMEE, FL 34747	Mailing Address 6073 W IRLO BRONSON MEM HWY KISSIMMEE, FL 34747
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01042005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2843854	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent
**LARSON, GARY ROBERT
6073 W IRLO BRONSON MEM. HWY
KISSIMMEE, FL 34746**

**DO NOT WRITE
IN THIS SPACE**

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, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
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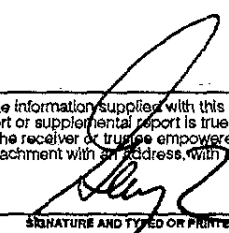
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LARSON, GARY ROBERT 4345 N STAFFORD CRT PROVO, UT 84604
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST LARSON, RANDAL KAMP 1651 S. NARCOOSEE RD. ST. CLOUD, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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02/09/05-80029-012 158.75

**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:  _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: _____ Daytime Phone #: _____