

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 14, 2005 08:00 AM
Secretary of State**

DOCUMENT # K44477

1. Entity Name
WATERCOLOR SEMINARS, INC.



Principal Place of Business
**HESS, SUSAN
13354 2ND ST E
MADEIRA BEACH, FL 33708 US**

Mailing Address
**13354 2ND ST E
MADERIA BEACH, FL 33708 US**



02052005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**HESS, SUSANB
13354 2ND ST E
MADERIA BEACH, FL 33708**

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re/instating)

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**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DP
HESS, SUSAN
13354 2ND ST EAST
MADERIA BEACH, FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VD
YOUNG, TONI
8221 64TH ST
PINELLAS PARK, FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DS
PALLET, MARGARET
12235 SUN VISTA CT E
TREASURE ISLAND, FL 33706**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**R
TAYLOR, IKIN
4513 LUMB AVE.
TAMPA, FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

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02/14/05-80075-010 150.00

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: *Susan Hess* *Susan Hess*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-12-05 *(727)391-8908*

Date

Daytime Phone #