2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # K44477

1. Entity Name

WATERCOLOR SEMINARS, INC.



FILED Feb 29, 2008 8:00 am Secretary of State

02-29-2008 90023 030 ***150.00

Principal Place of Business

HESS, SUSAN 13354 2ND ST E

MADEIRA BEACH, FL 33708

Mailing Address

13354 2ND ST E

MADERIA BEACH, FL 33708

US



02192008

No Chq-P

CR2E034 (11/05)

4. FEI Number NOT APPLICABLE Applied Fo

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

HESS, SUSAN E 13354 2ND ST E MADERIA BEACH, FL 33708

DO NOT WRITE IN THIS SPACE

| | | | | | 11110 01 7102 |
|--|--|------------------------------------|-----------------|--------------------------------|--|
| | named entity submits this statement for the plans of registered agent. | purpose of changing its registered | office or r | egistered agent, or bo | oth, in the State of Florida. I am familiar with, and ac |
| SIGNATURE_ | Signature, typed or printed name of registered agent and title | if applicable. (NOTE: Registered | Agent signature | e required when reinstating) | DATE |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Finance Trust Fund Contribution. | | | ing 🛮 | \$5.00 May Be Added to Fees | |
| 10. | OFFICERS AND DIREC | CTORS | | | · · · · · · · · · · · · · · · · · · · |
| 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 PALLETT, MARGARET 12235 SUN VISTA CT E TREASURE ISLAND, FL 33706 | | | DO NOT WRITE | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | R TAYLOR, IKIN 4513 LUMB AVE. TAMPA, FL | | IN THIS SPACE | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | |
| TITLE NAME | | | | | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the informational 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 direct 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 changed, or on an attachment with an address, with all other like empowered.

lunar Hess

STREET ADDRESS CITY+ST-ZIP

SUSAN Hess

2-14-08

127-391-8908