

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000009401

FILED
Mar 26, 2005
Secretary of State

Entity Name: WATER SYMPOSIUM OF FLORIDA, INC.

Current Principal Place of Business:

P.O. BOX 1261
IMMOKALEE, FL 34143

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1261
IMMOKALEE, FL 34143

New Mailing Address:

FEI Number: 83-0349906

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RAMSEY, MICHAEL R
2449 SANDERS PINES CIRCLE
P.O. BOX 1261
IMMOKALEE, FL 34142 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

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: RAMSEY, MICHAEL R
Address: P.O. BOX 1261
City-St-Zip: IMMOKALEE, FL 34143

Title: P () Delete
Name: TEARS, CLARENCE S JR
Address: 320 LAMBTON LANE
City-St-Zip: NAPLES, FL 34104

Title: S () Delete
Name: HAINSWORTH, MELODY
Address: 2655 NORTHBROOKE DR
City-St-Zip: NAPLES, FL 34119

Title: D () Delete
Name: BAUER, MICHAEL L
Address: 109 DEBRON DRIVE
City-St-Zip: NAPLES, FL 34112

Title: D () Delete
Name: ELLIS, DAVID L
Address: 4779 ENTERPRISES AVE
City-St-Zip: NAPLES, FL 34104

Title: D () Delete
Name: HAMEL, RON
Address: P O BOX 1219
City-St-Zip: LA BELLE, FL 33975

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

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

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

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL R. RAMSEY

TREA

03/26/2005

Electronic Signature of Signing Officer or Director

Date