

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000009401

FILED  
Mar 11, 2006  
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 (X) 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  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
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 Chapter 119, 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

T

03/11/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date