

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 17, 2004 8:00 am
Secretary of State

02-17-2004 90022 020 ***150.00

DOCUMENT # P00000039219

1. Entity Name

WATERCRESS, INC.



Principal Place of Business

**7103 HIGHWAY 77
SOUTHPORT FL 32409**

Mailing Address

**P.O. BOX 382
LYNN HAVEN FL 32444**

94016881



MOORE CR2E034 (11/03)

2. Principal Place of Business

7041 Hiram Road

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Southport, Florida

City & State

Zip

Country

32409

Bay

Zip

Country

4. FEI Number

59-3637475

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CHATONEY, MICHAEL
7103 HIGHWAY 77
SOUTHPORT FL 32409**

7. Name and Address of New Registered Agent

Name

William M. Chatoney

Street Address (P.O. Box Number is Not Acceptable)

7041 Hiram Road

City

Southport

FL

Zip Code

32409

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

William M. Chatoney

President

2/8/2004

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PVST ☐ Delete
NAME CHATONEY, WILLIAM M
STREET ADDRESS 7103 HWY 77
CITY-ST-ZIP SOUTHPORT FL 32409

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

William M. Chatoney

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/8/04

Date

850-271-0555

Daytime Phone #