

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000047348

FILED  
Mar 08, 2004  
Secretary of State

Entity Name: WATERCUT TECHNIQUE, INC.

## Current Principal Place of Business:

2219 SIESTA DR.  
FORT MYERS BEACH, FL 33931

## New Principal Place of Business:

## Current Mailing Address:

25161 PENNYROYAL DR.  
BONITA SPRINGS, FL 34134

## New Mailing Address:

FEI Number: 59-3649963

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HEIKO, WEINKAUFF  
25161 PENNYROYAL DR.  
BONITA SPRINGS, FL 34134

## 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: WEINKAUFF, HEIKO  
Address: 25161 PENNYROYAL DR.  
City-St-Zip: BONITA SPRINGS, FL 34134

Title: PTD ( ) Delete  
Name: VIVARELLI, SIDY  
Address: 2219 SIESTA DR.  
City-St-Zip: FORT MYERS BEACH, FL 33931

Title: VTSD ( ) Delete  
Name: VIVARELLI, ZITA  
Address: 2219 SIESTA DR.  
City-St-Zip: FORT MYERS BEACH, FL 33931

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: VTSD (X) Change ( ) Addition  
Name: VIVARELLI, RITA  
Address: 2219 SIESTA DR.  
City-St-Zip: FORT MYERS BEACH, FL 33931

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

SIGNATURE: RITA VIVARELLI

VTSD

03/08/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date