

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90325 046 ***150.00

DOCUMENT # P01000002486

1. Entity Name

FALLING WATERS, INC.



Principal Place of Business

6000 GLADES RD
BOCA RATON FL 33431

Mailing Address

8029 BOCA RIO DR
BOCA RATON FL 33433

2. Principal Place of Business

8029 Boca Rio DR

Suite, Apt. #, etc.

3. Mailing Address

8029 Boca Rio DR

Suite, Apt. #, etc.

City & State

Boca Raton FL

Zip
33433

Country

Palm Beach

City & State

Boca Raton FL

Zip
33433

Country

Palm Beach

4. FEI Number

65-1070088

65-1049484

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GROSS, SHEILA
8029 BOCA RIO DR
BOCA RATON FL 33433

7. Name and Address of New Registered Agent

Name Sheila Gross

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

8029 Boca Rio DR

City Boca Raton

FL

Zip Code 33433

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

Sheila Gross

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

(NOTE: Registered Agent signature required when reinstating)

4/9/04

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 P ☐ Delete
NAME GROSS, SHEILA
STREET ADDRESS 8029 BOCA RIO DR
CITY-ST-ZIP BOCA RATON FL 33433

TITLE S ☐ Delete
NAME GROSS, SHEILA
STREET ADDRESS 8029 BOCA RIO DR
CITY-ST-ZIP BOCA RATON FL 33433

TITLE T ☐ Delete
NAME GROSS, SHEILA
STREET ADDRESS 8029 BOCA RIO DR
CITY-ST-ZIP BOCA RATON FL 33433

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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CITY-ST-ZIP

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:

Sheila Gross

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/04

Date

561 488-9892

Daytime Phone #