


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 09, 2004 8:00 am
Secretary of State

03-09-2004 90003 020 ***150.00

DOCUMENT # P01000098769

1. Entity Name
WATERSCAPES ROCK N BLOCK, INC.



Principal Place of Business
**3870 ONDICH RD.
 APOPKA FL 32712**

Mailing Address
**3870 ONDICH RD.
 APOPKA FL 32712**

2. Principal Place of Business
3870 ondich rd

3. Mailing Address
3870 ondich rd

Suite, Apt. #, etc. **X**

City & State
APOPKA FL


City & State
APOPKA FLA 32712

Zip
32712

Country
ORANGE

Zip
32712

Country
ORANGE



MOORE CR2E034 (11/03)

4. FEI Number **65-0735351**

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**HENRY, CHARLES ALLEN
 3870 ONDICH RD.
 APOPKA FL**

7. Name and Address of New Registered Agent

~~Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code~~

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 *Charles Henry* **CHARLES HENRY**

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	D	<input type="checkbox"/> Delete
NAME	HENRY, CHARLES ALLEN	
STREET ADDRESS	3870 ONDICH RD.	
CITY-ST-ZIP	APOPKA FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Charles Henry* **CHARLES HENRY** *Feb 15 2004* **Feb 15 2004** *407-310-8637* **407-310-8637**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #