

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000105635

FILED  
Feb 23, 2005  
Secretary of State

Entity Name: WEST PALM BEACH WET WILLIES, INC.

## Current Principal Place of Business:

2141 W CHURCH STREET  
ORLANDO, FL 32805

## New Principal Place of Business:

## Current Mailing Address:

2141 W CHURCH STREET  
ORLANDO, FL 32805

## New Mailing Address:

FEI Number: 59-3753537

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

STERN, ROBERT N  
2141 W CHURCH STREET  
ORLANDO, FL 32805 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: STERN, ROBERT N  
Address: 2141 W CHURCH STREET  
City-St-Zip: ORLANDO, FL 32805

Title: VP ( ) Delete  
Name: DICKINSON, WILLIAM  
Address: 11706 MRCY BLVD  
City-St-Zip: SAVANNAH, GA 31419

Title: VP ( ) Delete  
Name: STACHEL, DAVID  
Address: 760 OCEAN DR  
City-St-Zip: MIAMI BEACH, FL 33139

Title: VP ( ) Delete  
Name: DICKINSON, FRED  
Address: 11706 MERCY BLVD  
City-St-Zip: SAVANNAH, GA 31419

Title: VP ( ) Delete  
Name: STACHEL, ERIC  
Address: 11706 MERCY BLVD  
City-St-Zip: SAVANNAH, GA 31419

## 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:

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: WILLIAM DICKINSON

VP

02/23/2005

Electronic Signature of Signing Officer or Director

Date