


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2004 8:00 am
Secretary of State

03-05-2004 90005 021 ***150.00

DOCUMENT # P03000077268	
1. Entity Name ON THE WATER DEVELOPMENT, INC.	

Principal Place of Business 2811 NE 36TH STREET LIGHTHOUSE POINT, FL 33064	Mailing Address 1255 W. ATLANTIC BLVD. SUITE 314 POMPANO BEACH, FL 33069
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34015130

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		P. O. Box 50313	
City & State		City & State	
Lighthouse Point, FL		Lighthouse Point, FL	
Zip	Country	Zip	Country
33074	USA	33074	USA



02232004 Chg-P CR2E034 (10/03)

4. FEI Number 91-2198797		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent
BEIGHLEY & MYRICK, P.A. 1255 W. ATLANTIC BLVD. SUITE 314 POMPANO BEACH, FL 33069		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Chauncey, Jeffrey B. 2811 NE 36th Street Lighthouse Point, FL 33064 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 an other like empowered.

SIGNATURE: Jeffrey B. Chauncey, President **2-24-04 213/952-8477**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #