

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 20, 2006 8:00 am**  
**Secretary of State**

04-20-2006 90168 002 \*\*\*150.00

**DOCUMENT # P03000088350**

1. Entity Name  
**GREAT AMERICAN WATERFALL COMPANY**



Principal Place of Business  
~~14224 COUNTY LINE ROAD~~ **18755 Sakura Rd**  
~~HUDSON, FL 34667~~  
**34667**

Mailing Address  
**PO BOX 5375**  
**SPRING HILL, FL 33461-1**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04132006 Chg-P CR2E034 (11/05)

4. FEI Number  
**74-3102718**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KIERZYNSKI, MICHAEL J**  
**5143 COMMERCIAL WAY**  
**SPRING HILL, FL 34606**

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

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, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	<b>D</b> <input checked="" type="checkbox"/> Delete
NAME	<b>MEROLA, SHERYL</b>
STREET ADDRESS	<b>4388 ELWOOD RD</b>
CITY-ST-ZIP	<b>SPRING HILL, FL 34608</b>
TITLE	<b>P</b> <input type="checkbox"/> Delete
NAME	<b>DIXON, BEN F</b>
STREET ADDRESS	<b>1307 NW 57TH STREET</b>
CITY-ST-ZIP	<b>GAINESVILLE, FL 32605</b>
TITLE	<b>VP</b> <input type="checkbox"/> Delete
NAME	<b>KESSLER, MICHAEL R</b>
STREET ADDRESS	<b>9613 RIVER ROAD</b>
CITY-ST-ZIP	<b>SPRING HILL, FL 34608</b>
TITLE	<b>ST</b> <input type="checkbox"/> Delete
NAME	<b>HOWLAND, SUSAN</b>
STREET ADDRESS	<b>12309 BAXLEY STREET</b>
CITY-ST-ZIP	<b>SPRING HILL, FL 34609</b>
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	<b>D/P</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Ben F Dixon*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-17-2006**

Date

Daytime Phone #

**727-868-0400**