


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 24, 2005 8:00 am**  
**Secretary of State**

02-24-2005 90034 036 \*\*\*150.00

**DOCUMENT # P04000044990**

1. Entity Name  
**WATER EXPERIENCES INC.**



Principal Place of Business      Mailing Address


**10 GLENVIEW MANOR DRIVE**      **10 GLENVIEW MANOR DRIVE**  
**FORT MYERS BEACH, FL 33931 US**      **FORT MYERS BEACH, FL 33931 FL**

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country



02172005      Chg-P      CR2E034 (10/03)

4. FEI Number      Applied For

**20-0862181**      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

**HATFIELD, MARK E**  
**10 GLENVIEW MANOR DRIVE**  
**FORT MYERS BEACH, FL 33931**

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: *Mark Hatfield* **MARK HATFIELD**      2/20/05  
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, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	ADDITIONAL INFORMATION
P	HATFIELD, MARK E	10 GLENVIEW MANOR DRIVE	FORT MYERS BEACH, FL 33931	<input type="checkbox"/> Delete <b>I ACCIDENTALLY</b>
VP	SIEBERT, TERRESA L	10 GLENVIEW MANOR DRIVE	FORT MYERS BEACH, FL 33931	<input type="checkbox"/> Delete <b>SIGNED BOX 8</b>
				<input type="checkbox"/> Delete <b>WHEN I THOUGHT</b>
				<input type="checkbox"/> Delete <b>IT WAS NECESSARY</b>
				<input type="checkbox"/> Delete <b>BUT IT IS NOT.</b>
				<input type="checkbox"/> Delete <b>PLEASE DISREGARD.</b>

12. I hereby certify that the information supplied with this filing does not qualify indicated on this report or supplemental report is true and accurate and that 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: *Mark Hatfield* **MARK HATFIELD**      2/20/05      (239) 839-2109  
Signature and typed or printed name of signing officer or director      Date      Daytime Phone #