## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2007 08:00 AM
Secretary of State

DOCUN	MENT#	# P0400	0044	990	

1. Entity Name

WATER EXPERIENCES INC.



Principal Place of Business

Mailing Address

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



## DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

02102007 No Chg-P		CR2E034 (11/05)		
			Applied For	
20-0862	181		Not Applicable	

5. Certificate of Status Desired

\$8.75 Additional Fee Required

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

## DO NOT WRITE IN THIS SPACE

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 NOWILL FEE IS \$150.00  After May 1, 2007 Fee will be \$550.00  9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.								
10.	OFFICERS AND DIREC	CTORS						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HATFIELD, MARK E 10 GLENVIEW MANOR DRIVE FORT MYERS BEACH, FL 33931				U00000679975 04/03/07-80060-005 158.75			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SIEBERT, TERRESA L 10 GLENVIEW MANOR DRIVE FORT MYERS BEACH, FL 33931				04/03/01-80060-003 138.f3			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN ·	THIS SPACE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP								
TITLE NAME STREET ADDRESS CITY-ST-ZIP					•			
12. I hereby certify that the information supplied with this tiling 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.								

MARK HATFIELD

TED NAME OF SIGNING OFFICER OR DIRECTOR