


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 29, 2005 8:00 am
Secretary of State

08-29-2005 90143 038 ***150.00

DOCUMENT # P04000134588 1. Entity Name MARILYN WATERS, INC.					
Principal Place of Business 6234 GRAND BLVD SUITE 204 NEW PORT RICHEY, FL 34652			Mailing Address 6234 GRAND BLVD SUITE 204 NEW PORT RICHEY, FL 34652		
2. Principal Place of Business 123 E. TARPON AVE.		3. Mailing Address 123 E. TARPON AVE.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State TARPON SPRINGS, FL		City & State TARPON SPRINGS, FL		4. FEI Number 55-0883521	
Zip 34689		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MISEMER, KENNETH R 5645 NEBRASKA AVE NEW PORT RICHEY, FL 34652			7. Name and Address of New Registered Agent Name JAMES DREHER Street Address (P.O. Box Number is Not Acceptable) 123 E. TARPON AVE. City TARPON SPRINGS, FL FL Zip Code 34689		
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS:			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DREHER, JIM 6234 GRAND BLVD SUITE 204 NEW PORT RICHEY, FL 34652	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JIM DREHER 3119 BLUFF BLVD. HOLIDAY, FL 34691	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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 another like empowered.					
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			08/15/05 <small>Date Daytime Phone #</small>		

50063713



08152005 Chg-P CR2E034 (10/03)

ATTACHMENT
50063713
J. S. BAILLIE, JR.
CERTIFIED PUBLIC ACCOUNTANT
2153 GRAND BLVD.
HOLIDAY, FL 34690
(727) 937-6650

August 15, 2005

Florida Secretary of State
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

Re: Marilyn Waters, Inc.
Document #P04000134588

Gentlemen:

Enclosed please find the following documents:

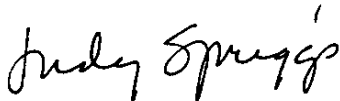
1. Original signed copy of 2005 for Profit Corporation Annual Report
2. Check #1934 in the amount of \$150.00

Please revise your records to reflect the address corrections for the principal place of business, mailing address and officer's address.

Please direct all future correspondence to the 123 E. Tarpon Avenue, Tarpon Springs, FL 34689 address.

Sincerely,

J. S. BAILLIE, JR.
CERTIFIED PUBLIC ACCOUNTANT



Judy Spriggs

Enclosures

:js