

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P93000054354

1. Entity Name

WATER WORKS AQUATIC PHYSICAL THERAPY, INC.



Principal Place of Business
999 TRAIL TERRACE
#A
NAPLES FL 34103
US

Mailing Address
999 TRAIL TERRACE
#A
NAPLES FL 34103
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Zip

Country

4. FEI Number

65-0445696

Applied For

Not Applicable

Country

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MICEL, MICHAEL
9517 GULF SHORE DR., #201
NAPLES FL 34108

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, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

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 P
NAME MICELI, MICHAEL
STREET ADDRESS 9517 GULF SHORE DR #201
CITY-ST-ZIP NAPLES FL 34108

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition
6000046085546
02/07/05--01034--003 **900.00

TITLE S
NAME PASS, PAMELA
STREET ADDRESS 9517 GULF SHORE DR #201
CITY-ST-ZIP NAPLES FL 34108

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

Change Addition

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Change Addition

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CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change 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 all other like empowered.

SIGNATURE: *Pamela Pass*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/25/05 239-263-6688
Daytime Phone #