

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P94000054723

1. Entity Name  
WETTAR, INC.



Principal Place of Business  
1100 SAWGRASS VILLAGE  
SUITE 100  
PONTE VEDRA BEACH, FL 32082

Mailing Address  
P.O BOX 1614  
SUITE 100  
PONTE VEDRA BEACH, FL 32004 US

**DO NOT WRITE IN THIS SPACE**

**FILED  
Jan 21, 2005 08:00 AM  
Secretary of State**



01162005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3274187	Applied For Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TOMLIN, THOMAS A.  
1100 SAWGRASS VILLAGE DR, STE 100  
SUITE 101  
PONTE VEDRA BEACH, FL 32082

**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 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	D
NAME	TOMLIN, THOMAS A
STREET ADDRESS	1100 SAWGRASS VILLAGE SUITE 100
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082

U000000188482  
01/24/05-80058-006 150.00

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

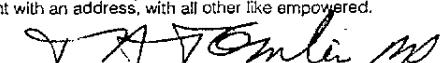
TITLE	
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TITLE	
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STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 1/17/05 Daytime Phone #