

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2004 8:00 am
Secretary of State

04-21-2004 90013 030 ***150.00

DOCUMENT # P95000019257

1. Entity Name
GET WET, INC.



Principal Place of Business
**3710 E INDUSTRIAL WAY
RIVIERA BEACH, FL 33404**

Mailing Address
**3710 E INDUSTRIAL WAY
RIVIERA BEACH, FL 33404**

2. Principal Place of Business
825 15th St. #2

3. Mailing Address
825 15th St. #2

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04132004

Chg-P

CR2E034 (10/03)

City & State

Lake Park, FL

City & State

Lake Park, FL

4. FEI Number

65-0566925

Applied For

Not Applicable

Zip

33403

Country

USA

Zip

33403

Country

USA

5. Certificate of Status Desired

\$8.75 Additional

Fees Required

6. Name and Address of Current Registered Agent

**SCHRIMSHER, MICHAEL J
3710 E INDUSTRIAL WAY
RIVIERA BEACH, FL 33404**

7. Name and Address of New Registered Agent

Name
Schrimsher, Michael J.

Street Address (P.O. Box Number is Not Acceptable)

825 15th St. #2

City
Lake Park

FL

Zip Code
33403

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, 2004 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
**P
SCHRIMSHER, MICHAEL J
8108 NEEDLES DRIVE
PALM BEACH GARDENS, FL 33418** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Delete

TITLE
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition

TITLE
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CITY- ST- ZIP
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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

Daytime Phone #

4-19-04 361 8633233