

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90307 006 ***150.00

2005 FOR PROFIT CORPORATION
ANNUAL REPORT

50043745

DOCUMENT # P95000019257			
1. Entity Name GET WET, INC.			
Principal Place of Business 825 15TH STREET #2 LAKE PARK, FL 33403		Mailing Address 825 15TH STREET #2 LAKE PARK, FL 33403	
2. Principal Place of Business		3. Mailing Address 8108 Needles Dr.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Palm Beach Gardens	
Zip	Country	Zip	Country
		76 33418	USA
4. FEI Number 65-0566925		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SCHRIMSHER, MICHAEL J 825 15TH STREET #2 LAKE PARK, FL 33403		7. Name and Address of New Registered Agent 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 file if applicable (NOT if 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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 _____ Day/Month/Year	