


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**


FILED
Jul 16, 2004 8:00 am
Secretary of State

07-16-2004 90009 012 ***150.00

DOCUMENT # P96000016849 1. Entity Name ON THE WATER, INC.	
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Principal Place of Business 711 WEST BEACH DRIVE PANAMA CITY, FL 32401	Mailing Address 711 WEST BEACH DRIVE PANAMA CITY, FL 32401
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DO NOT WRITE IN THIS SPACE

54062789

06302004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3361475	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
**OTTO, WILLIAM A
711 WEST BEACH DRIVE
PANAMA CITY, FL 32401**

**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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004	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.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SOBANSKI, DENNIS E 6026 WEST WELLS STREET WAUWATOSA, WI 53213
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OTTO, WILLIAM A 3035 SOUTH 145TH COURT NEW BERLIN, WI 53151
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
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: Will A. Otto **7-12-04** **860-763-4622**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #