

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 04, 2004 8:00 am**  
**Secretary of State**

05-04-2004 90151 040 \*\*\*150.00

**DOCUMENT # P97000058227**

1. Entity Name  
**WATERCOLORS, INC.**



Principal Place of Business

8163 STILLWATER COVE  
NAVARRE, FL 32566 US

Mailing Address

P.O. BOX 6269  
NAVARRE, FL 32566 US

**DO NOT WRITE IN THIS SPACE**



01242004 No Chg-P CR2E034 (10/03)

4. FEI Number  
**59-3460885**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

FOUNTAIN, KENNETH R PA  
8851 NAVARRE PARKWAY  
NAVARRE, FL 32566

**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, 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 P  
NAME EDITH ANN BURNS  
STREET ADDRESS 8163 STILLWATER COVE  
CITY-ST-ZIP NAVARRE, FL 32566

TITLE VPST  
NAME JAMES W BURNS  
STREET ADDRESS 8163 STILLWATER COVE  
CITY-ST-ZIP NAVARRE, FL 32566

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:

*Edith A. Burns* EDITH A.  
BURNS

3/1/04  
Date

939-3439  
Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR