2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000035507

1. Entity Name
WATER WELL, INC.



FILED Jan 31, 2005 8:00 am Secretary of State

01-31-2005 90136 029 ***150.00

Principal Place of Business

7949 W. RIVER BEND RD. CRYSTAL RIVER, FL 34428 Mailing Address

7949 W. RIVER BEND RD. CRYSTAL RIVER, FL 34428 50008822



DO NOT WRITE IN THIS SPACE

01222005

No Chg-P

CR2E034 (10/03)

4. FEI Number 59-3567619

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

6. Name and Address of Current Registered Agent

SILBERMANN, GALE PRESTIGE PLACE I,STE.230 2600 MCCORMICK DR. CLEARWATER, FL 33579

DO NOT WRITE IN THIS SPACE

CLEARWA	NIEK, FL 335/9					AUL	
	named entity submits this statement for the putions of registered agent.	urpose of changing its registere		egistered agent, or bo	oth, in the State of F	lorida. I am familiar w	ith, and acce
SIGNATURE Signature, typed or printed name of registered agent and title if		applicable. (NOTE: Registered Agent signature required when reinstating)		DATE			
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.00	Election Campaign Finan Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees			
,10.	OFFICERS AND DIREC	TORS		*	reger and a second		- * * * i - ;
THTLE NAME STREET ADDRESS CITY-ST-ZIP	D PUTLAK, DENNIS L 7949 W. RIVER BEND RD. CRYSTAL RIVER, FL 34428	-					
NAME STREET ADDRESS CITY-ST-ZIP		عيمارت سمچني واست					الم المسلمة
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT W	VRITE	
TITLE NAME STREET ADDRESS			A di H	IN.	THIS S	PACE	

12. I hereby certify that the information supplied with this filling 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 accourate 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 eport 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 others like empowered.

SIGNATURE:

CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Umul / Vatara

-28-04 352-5635552