


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 91063 047 \*\*\*150.00

<b>DOCUMENT # P98000100238</b>	
1. Entity Name <b>HEALING WATERS, INC.</b>	

Principal Place of Business <b>MARINERS WELNESS CENTER 91550 OVERSEAS HWY TAVERNIER, FL 33070</b>	Mailing Address <b>P.O. BOX 1590 TAVERNIER, FL 33070</b>
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2. Principal Place of Business <b>87951 Overseas Hwy</b>	3. Mailing Address <b>87951 Overseas Hwy</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Islamorada FL</b>	City & State
Zip <b>30336</b>	Country <b>monroe</b>

6. Name and Address of Current Registered Agent <b>HEATH, KATHLEEN A 185 DOVELAKE DR. TAVERNIER, FL 33070</b>	
7. Name and Address of New Registered Agent Name <b>Kathleen A. Heath</b> Street Address (P.O. Box Number is Not Acceptable) <b>87951 Overseas Hwy</b> City <b>Islamorada</b> FL Zip Code <b>FL</b>	

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 *Kathleen A Heath* DATE *4/30/04*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO HEATH, KATHLEEN A P.O. BOX 1590 TAVERNIER, FL 33070 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Kathleen A Heath* *Kathleen A Heath* *4/30/04* *305-852-4867*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #