

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000045782

Entity Name: CAP'S ON THE WATER, INC.

FILED
Jul 14, 2008
Secretary of State

Current Principal Place of Business:

203 THIRD STREET
ST. AUGUSTINE, FL 32095

New Principal Place of Business:

Current Mailing Address:

203 THIRD STREET
ST. AUGUSTINE, FL 32095

New Mailing Address:

FEI Number: 59-3581512

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DE RAAD, BERNARD
203 THIRD ST
ST. AUGUSTINE, FL 32084 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: DE RAAD, BERNARD
Address: 203 THIRD STREET
City-St-Zip: ST. AUGUSTINE, FL 32095

Title: T () Delete
Name: WALSH, JACK
Address: 203 THIRD STREET
City-St-Zip: ST. AUGUSTINE, FL 32095

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BERNARD DE RAAD

P

07/14/2008

Electronic Signature of Signing Officer or Director

_____ Date