

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 350744

Entity Name: LONGBOAT PASS INC

FILED  
Jan 27, 2009  
Secretary of State

**Current Principal Place of Business:**

5500 MARINA DR  
HOMES BCH, FL 34217

**New Principal Place of Business:**

NORTH SHORE DR  
LONGBOAT KEY, FL 34228 US

**Current Mailing Address:**

5500 MARINA DR  
HOMES BCH, FL 34217

**New Mailing Address:**

5500 MARINA DR  
1  
HOMES BCH, FL 34217 US

FEI Number: 59-1287194

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

KEY INCOME TAX & BUSINESS SERV INC  
5500 MARINA DR  
HOLMES BEACH, FL 34217 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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: SAMPSON, LISA  
Address: 215 CORANADO DR  
City-St-Zip: BRADENTON, FL 34210

Title: VP ( ) Delete  
Name: RUDEK, MARTINA  
Address: 407B 74TH ST  
City-St-Zip: BRADENTON, FL 34209

Title: S ( ) Delete  
Name: NICHOLAS, PATRICIA  
Address: 6349 RAVENWOOD WAY  
City-St-Zip: SARASOTA, FL 34243

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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: LISA SAMPSON

DP

01/27/2009

Electronic Signature of Signing Officer or Director

Date