

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 07, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # 647417**

1. Entity Name  
**TRADITIONAL WATERCRAFT, INC.**



Principal Place of Business  
**1979 WILD ACRES ROAD  
LARGO, FL 33771 US**

Mailing Address  
**1979 WILD ACRES ROAD  
LARGO, FL 33771 US**



04042005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-1959797</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**JOHNSON, ROBERT K  
280 BLUFF VIEW DR  
LARGO, FL 33774**

**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, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	JOHNSON, ROBERT K
STREET ADDRESS	280 BLUFF VIEW DR
CITY-ST-ZIP	LARGO, FL 337701305

TITLE	SD
NAME	JOHNSON, JERI M
STREET ADDRESS	280 BLUFF VIEW DR
CITY-ST-ZIP	LARGO, FL 337701305

TITLE	GM
NAME	BLACKWELL, E B
STREET ADDRESS	7251 CHAMELEON WAY
CITY-ST-ZIP	SARASOTA, FL 34241

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**

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04/07/05-80041-002 150.00

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 person authorized to be 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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Robert K. Johnson 04.04.05 (727) 535-6431**

Date

Daytime Phone #