

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # 647417</b>	
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



04192007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-1959797	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  JOHNSON, ROBERT K 280 BLUFF VIEW DR LARGO, FL 33774
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**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, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JOHNSON, ROBERT K 280 BLUFF VIEW DR LARGO, FL 337701305
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD JOHNSON, JERI M 280 BLUFF VIEW DR LARGO, FL 337701305
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BOLIN, WILLIAM C 10940 DANIELLE DR LARGO, FL 33774
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BOWMAN, DOUGLAS C 2539 B LYNN LAKE CIRCLE S SAINT PETERSBURG, FL 33712
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PACTOR, KEVIN R.P. 1651 WOODRIDGE DR CLEARWATER, FL 33756
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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05/02/07-80027-005 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Robert K. Johnson*  
President / CEO

04.19.07 (727) 535-6431

Date Daytime Phone #