2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 647417

FILED Mar 02, 2009 Secretary of State

DOCON	1L111# 07	7717				3	ecretary c	71 State
Entity Nar	ne: TRADI	ΓΙΟΝΑL WATERCRA	FT, INC.					
Current Principal Place of Business:				New Principal Place of Business:				
1979 WILE LARGO, F	ACRES RO L 33771	DAD US						
Current Mailing Address:				New Mailing Address:				
1979 WILD LARGO, F) ACRES RO L 33771	DAD US						
FEI Number:	59-1959797	FEI Number Applied	d For () FEI Nu	ımber Not Appl	icable ()	Certifica	ate of Status De	sired ()
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:				
	I, ROBERT I F VIEW DR L 33774	(US						
	named entit e of Florida.	y submits this stateme	ent for the purpose	of changing i	ts registere	d office or r	egistered age	∍nt, or both,
SIGNATUR	RE:							
	Electr	onic Signature of Reg	istered Agent				Date	
Election Car	npaign Financ	ing Trust Fund Contribu	tion ().					
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS				
Title: Name: Address: City-St-Zip:	PD JOHNSON, F 280 BLUFF V LARGO, FL	/IEW DR		Title: Name: Address: City-St-Zip:	PD JOHNSON, 280 BLUFF LARGO, FL		() Addition	
Title: Name: Address: City-St-Zip:	SD JOHNSON, J 280 BLUFF V LARGO, FL	/IEW DR		Title: Name: Address: City-St-Zip:	SD JOHNSON, 280 BLUFF LARGO, FL	VIEW DR	() Addition	
Title: Name: Address: City-St-Zip:	VP BOLIN, WILL 10940 DANIE LARGO, FL	ELLE DR		Title: Name: Address: City-St-Zip:	VP BOLIN, WIL 10941 DAN LARGO, FL	ELLE DR	() Addition	
Title:	VP	() Delete		Title:	VP	(X) Change	() Addition	

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.

Name:

Title:

Name:

Address:

City-St-Zip:

Address:

City-St-Zip:

BOWMAN, DOUGLAS C

6401 31ST STREET S. APT 1007

SAINT PETERSBURG, FL 33712

() Change () Addition

SIGNATURE: ROBERT K. JOHNSON PRES 03/02/2009

BOWMAN, DOUGLAS C

PACTOR, KEVIN R.P.

1651 WOODRIDGE DR

CLEARWATER, FL 33756

2539 B LYNN LAKE CIRCLE S

SAINT PETERSBURG, FL 33712

() Delete

Name:

Title:

Name:

Address:

City-St-Zip:

Address:

City-St-Zip: