


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 22, 2007 8:00 am
Secretary of State


06-22-2007 90001 022 ****61.25

DOCUMENT # 737965	
1. Entity Name BOCA CIEGA SAIL AND POWER SQUADRON, INC.	

Principal Place of Business 130 126TH AVENUE EAST TREASURE ISLAND, FL 33706	Mailing Address 130 126TH AVENUE EAST TREASURE ISLAND, FL 33706
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country

40121943



06202007 Chg-NP CR2E037 (12/06)

4. FEI Number 95-1715554	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	
KRODEL, LINDA 10850 SPRING ST LARGO, FL 33774	

7. Name and Address of New Registered Agent	
Name BONNIE CANNARD	
Street Address (P.O. Box Number is Not Acceptable) 1242 79TH ST SOUTH	
City ST PETERSBURG	FL Zip Code 33707

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 *Bonnie D Cannard* DATE 6/20/2007

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by September 14, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P HAVEN, EDVARDO 471 HAVEN PT. D TREASURE ISLAND, FL 33706 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S SANTOS, JOSEPH 365 BOCA CIEGA PT. BLVD SAINT PETERSBURG, FL 33706 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T KRODEL, LINDA 10850 SPRING ST LARGO, FL 33774 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PARTIE, WAYNE 7511 W. HENRY AVE. TAMPA, FL 33615 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DABNEY, BEDFORD 513 SANDY HOOK RD SAINT PETERSBURG, FL 33706 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P DONALD RIFE 180 137TH AVENUE CIRCLE MADIERA BEACH, FL 33708-2506 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T BONNIE CANNARD 1242 79TH ST SOUTH ST PETERSBURG, FL 33707 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ANDY GAILLEY 6547 34TH AVE NORTH ST PETERSBURG, FL 33710 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 617, 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: *Bonnie D Cannard* BONNIE G CANNARD 6/20/2007 727-345-8474

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #