

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02598

FILED
Feb 16, 2008
Secretary of State

Entity Name: ANDERSON BAY CRUISES, INC.

Current Principal Place of Business:

25 CAUSEWAY BLVD
SLIP # 152
CLEARWATER, FL 33767

New Principal Place of Business:

Current Mailing Address:

P O BOX 3335
CLEARWATER, FL 33767

New Mailing Address:

FEI Number: 59-2034228

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HENDERSON, PHIL M
2173 LOUISA DRIVE
BELLEAIR BEACH, FL 33786 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: DPC () Delete
Name: HENDERSON, SUE A
Address: 55 ROGERS STREET, P-5
City-St-Zip: CLEARWATER, FL 337565295

Title: DVP () Delete
Name: HENDERSON, PHIL M
Address: 2173 LOUISA DRIVE
City-St-Zip: BELLEAIR BEACH, FL 33786

Title: DST () Delete
Name: HENDERSON, JENNY W
Address: 2173 LOUISA DRIVE
City-St-Zip: BELLEAIR BEACH, FL 33786

Title: D () Delete
Name: ANDERSON, C SANDERS
Address: 1868 SHORE BLVD S. APT. 201
City-St-Zip: SAINT PETERSBURG, FL 337074632

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:

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: PHIL M. HENDERSON

DVP

02/16/2008

Electronic Signature of Signing Officer or Director

Date