

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 07, 2008 8:00 am**  
**Secretary of State**

03-07-2008 90028 042 \*\*\*150.00

**DOCUMENT # F98000003747**

1. Entity Name  
**HYDRAPOWER INTERNATIONAL, INC.**



Principal Place of Business  
**P.O. BOX 2649 678 Bald Eagle DR.  
MARCO ISLAND, FL 34146 34145**

Mailing Address  
**P.O. BOX 2649  
MARCO ISLAND, FL 34146**

40090000



01072008 Chg-P CR2E034 (12/06)

lumber  
**54-1122606** Applied For  
Not Applicable

icate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

and Address of New Registered Agent

lumber is Not Acceptable)

**FL** Zip Code

or both, in the State of Florida. I am familiar with, and accept

8. The above named entity submits this statement for the purpose of changing its registered agent's obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered

ng) DATE

3e

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Finan  
Trust Fund Contribution.

## 10. OFFICERS AND DIRECTORS

TITLE ☐ Delete  
NAME **CP**  
STREET ADDRESS **WISSING, ROBIN F**  
CITY-ST-ZIP **531 CONOVER CT.  
MARCO ISLAND, FL 34145**

TITLE ☐ Delete  
NAME **S**  
STREET ADDRESS **WISSING, CAROL A**  
CITY-ST-ZIP **531 CONOVER CT.  
MARCO ISLAND, FL 34145**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: **Carol A. Wissing** **CAROL A. Wissing**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-5-08** **239-642-5379**  
Date Daytime Phone #