## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## 05-01-2008 90251 033 \*\*\*150.00 **DOCUMENT # J91040** 1. Entity Name STAN'S ON THE WATER, INC. Principal Place of Business Mailing Address C/O ATLANTIA HOLDINGS C/O ATLANTIA HOLDINGS 645 E. DANIA BCH BLVD. 645 E. DANIA BCH BLVD. DANIA BEACH, FL 33004 DANIA BEACH, FL 33004 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 04142008 Chg-P CR2E034 (12/06) Applied For 645 E. Dania Beach Blvd. 4. FEI Number 645 E. Dania Beach Blvd. 60-0007030 Not Applicable Dania Beach, FL 33004 Dania Beach, FL 33004 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address or current Registered Agent 7. Name and Address of New Registered Agent BLACKBURN, ACE J JR Chris A. Economou 645 E. DANIA BEACH BOULEVARD DANIA BEACH, FL 33004 645 E. Dania Beach Blvd. Dania Beach, FL 33004 Zip Code 8. The above name is 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 SIGNATURE (NOTE, Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE 15 \$150.00 Trust Fund Contribution. П Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME BLACKBURN, A JR. NAME 645 E. DANIA BEACH BLVD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DANIA BEACH, FL 33004 TITLE VSD ☐ Delete TITLE ☐ Change ☐ Addition ECONOMOU, C NAME NAME STREET ADDRESS 645 E. DANIA BEACH BLVD. STREET ADDRESS CITY-ST-7IP CITY-ST-7IP DANIA BEACH, FL 33004 Addition Delete TITLE ☐ Change TITLE WAGNER, J NAME NAME 645 E. DANIA BEACH BLVD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DANIA BEACH, FL 33004 TITLE ☐ Defete TITLE ☐ Change ■ Addition MORFIDIS G NAME MAME STREET ADDRESS STREET ADDRESS 645 E. DANIA BEACH BLVD. CITY-ST-ZIP DANIA BEACH, FL 33004 CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZiP ☐ Delete Change Addition THLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 the 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 faceiver of frugited 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 agraciment by the handedness with all other like empowered. SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

**FILED** 

May 01, 2008 8:00 am Secretary of State