## 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## DOCUMENT # K98064



**FILED** Jan 31, 2008 08:00 AI

SHIPWAT		ELOPMENT COR	PORATION			Secretary of Stat			
Principal Place of Business % EUGENE R. SMITH 612 HWY. 98 DESTIN FL 32541			Mailing Address P O BOX 17848 SUITE B TAMPA FL 33682 US						
2. Principal F	Place of Busin	iass - No PO, Box #	3. Mailing Address						
Suite, Apt. #, etc.			Suite Apt. #, etc.			1st MOORE CR2E034 (10/07)			
City & State			City & State			4. FEI Number 65-0130226 Applied For Not Applicable			
Zıp	Country		Zip	Zip Country		5. Certificate of Status Desired S8.75 Additional Fee Required			
	6. Name	and Address of Curre	nt Registered Agent	<u> </u>	7. Name and Address of New Registered Agent				
SMI	TH. EUGE	NE R	-		Name Street Address (P.O. Box Number is Not Acceptable)				
	ĤŴY. 98 STIN FL 3								
					City	FL Zip Code			
	named entiti lions of regist		for the purpose of changing its	s registered	d office or register	red agent, or b	oth, in the State of Florida.	I am familiar with,	and accept
SIGNATURE	Signature, typed	or bilitied have of tell stored ace	nt and to ell amplicable. (NOT	E Pagisteled /	Ager Lagouture required	s when remytiquings		DATE:	<del></del>
FILE NOW!!! FEE IS \$150.00  After May 1, 2008 Fee Will Be \$550.00.  Make Check Payable to Florida Department of State							9. Election Campaign F Trust Fund Contribut		00 May Be ad to Fees
10.		OFFICERS AN	D DIRECTORS	11.		ADDITIONS	CHANGES TO OFFICER	S AND DIRECTOR	S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1	GENE R. /AY 98 EAST 32541 32541	☐ Derøte	TITLE NAME STREET CITY-S	ADDRESS		U000008076 02/07/08-8001	□ Change 73 6-025 150.	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	·		☐ Davete	TITLE NAME STREET ADORESS CITY-SI-ZIP				Change	Addition
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TITLE NAME STRECT ADDRESS CITY-ST-ZIP			□ Delete ·	TITLE NAME STREET CITY-S	ADDRESS 1- ZIP			☐ Change	☐ Addition
TITLE NAME			☐ Deiete	JITIT. NAME				Change	☐ Addition

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 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 air address, with the life empowered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

1/24/08 813

995-9165