

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 21, 2007 8:00 am
Secretary of State

06-21-2007 90022 002 ****61.25

DOCUMENT # N96000006404	
1. Entity Name TAMPA BAY CATAMARAN SAILORS, INC.	

Principal Place of Business % KARL LANGEFELD 14550 BRUCE B DOWNS BLVD., APT. 234 TAMPA, FL 33613-2736	Mailing Address % KARL LANGEFELD 14550 BRUCE B DOWNS BLVD., APT. 234 TAMPA, FL 33613-2736
---	---

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

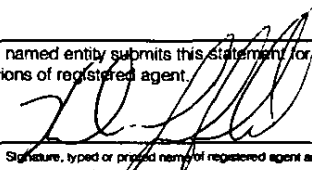
40121297



06152007 Chg-NP CR2E037 (12/06)

6. Name and Address of Current Registered Agent TUTCHER, CHRISTINE 12703 COUNTRY BROOK LN TAMPA, FL 33625-4145		7. Name and Address of New Registered Agent Name Karl Langefeld Street Address (P.O. Box Number is Not Acceptable) 14550 Bruce B Downs #234 City Tampa FL Zip Code 33613	
--	--	---	--

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.

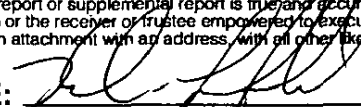
SIGNATURE  DATE **6-15-07**

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

Filing Fee is \$61.25 Due by September 14, 2007	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
--	--	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RAGER, RYAN 2725 PENZANCE ST PALM HARBOR, FL 34684 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD TUTCHER, CHRISTINE 12703 COUNTRY BROOK LN TAMPA, FL 336254145 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Langefeld, Karl 14550 Bruce B Downs Blvd #234 Tampa FL 33613 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HOOPES, JOHN 1122 DOGWOOD DR DUNEDIN, FL 34698 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Bedwood, Dennis Dr. 3138 Pine Shadow Dr. Land O Lakes, FL 34639 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FONDRK, JOHN 575 TRADEWINDS DR DUNEDIN, FL 34698 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Hoopes, John 1122 Dogwood Ln. Dunedin, FL 34698 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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:  **6-15-07**

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