## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Mar 26, 2008 08:00 AM Secretary of State

ANNUAL REPORT				14120, 2000 00.0		
DOCUMENT # P00000065839				•	Secretary of	Sta
1. Entity Name WATERCRAFT SERVICE CONNECTION, INC.						
Principal Place 10500 67TH SEMINOLE, F	I AVE N	Mailing Address 10500 67TH AVE N SEMINOLE, FL 33772				11:
DO NOT WOITE IN THE COA			<b>о</b> г	01192008	No Chg-P CR2E034 (11/05)	
DO NOT WRITE IN THIS SPA			CE	4. FEI Numb		
				5. Certificate	e of Status Desired	
	6. Name and Address of Current Re	gistered Agent		<b>.</b>		
VENEZIO, ERIC J 10500 67TH AVE N SEMINOLE, FL 33772					NOT WRITE THIS SPACE	
	named entity submits this statement for the	ne purpose of changing its register	ed office or registe	red agent, or be	oth, in the State of Florida. I am familiar with, and ac	cept
SIGNATURE_	-	litia il applicable (NOTE Registera	ed Agent signature require	t when reins(sking)	DATE	-
FIL	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	9. Election Campaign Final	ncing _ \$5	.00 May Be led to Fees		
10.	OFFICERS AND DI	RECTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VENEZIO, ERIC J 10500 67TH AVE N SEMINOLE, FL 33772			U00000870381 04/09/08-80085-016 150.0	n <b>o</b>	
TITLE NAME STREET ADDRESS CITY+ST-ZIP					U4/U3/U8-80U85-U16 I5U.U	U
TITLE NAME STREET ADDRESS CITY-ST-ZIP			••••••••••••••••••••••••••••••••••••••	DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		;				
TITLE			1			

12. Thereby 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 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:

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND THE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/18/08 Dale 727 360 7988