## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P01000017634

1. Entity Name

LONGBOAT HI CORPORATION



Mailing Address

Principal Place of Business 241 BELDEN HILL ROAD WILTON, CT 06897

241 BELDEN HILL ROAD WILTON, CT 06897

## FILED Jan 29, 2007 08:00 AM Secretary of State



n	$\cap$	NOT	WRITE	IN	PILIT	SDACE	
L	U	IVUI	VVDIIE	HI	11112	SPALI	_

01222007 No Chg-P

CR2E034 (11/05)

4. FEI Number 06-1609410

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RITCHEY, JAMES L 200 SOUTH ORANGE AVENUE SARASOTA, FL 34236

## DO NOT WRITE IN THIS SPACE

				IN	THIS SPACE	
8. The above the obligat	named entity submits this statement for the plions of registered agent.	surpose of changing its re	gistered office or r	egistered agent, or b	oth, in the State of Florida. I am familiar with, and acc	ept
*SIGNATURE_	Signature, typed or printed name of registered agent and title it	fapplicable (NOTE, R	egistered Agent signature	required when reinstating)	DATE	
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.		000000608682 02/01/07-80020-010 150.00		
10. OFFICERS AND DIREC		TORS		<u> </u>		
NAME STREET ADDRESS CITY-ST-ZIP	PTSD HAMILTON, CHARLES 241 BELDEN HILL ROAD WILTON, CT 06897					
NAME STREET ADDRESS CITY-ST-ZIP				- ·		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE	-
TITLE	*			IN	THIS SPACE	

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 without accrees, with all other like empowered.

SIGNATURE: 4

NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-27-07

203-762-3261