
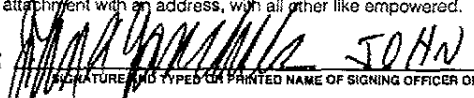


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 16, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000087835		
1. Entity Name VIEW OF THE WATER, INC.		
Principal Place of Business 2 N TAMiami TRAIL SUITE 303 SARASOTA, FL 34236	Mailing Address 2 N TAMiami TRAIL SUITE 303 SARASOTA, FL 34236	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent YANCHEK, JOHN A 2 N TAMiami TRAIL SUITE 303 SARASOTA, FL 34236		DO NOT WRITE IN THIS SPACE
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD YANCHEK, JOHN A 2 N TAMiami TRAIL SUITE 303 SARASOTA, FL 34236	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  JOHN A YANCHEK		Date: 4/14/04 (941) 366-7177



01302004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-1136998

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

000000118886
04/16/04-80083-008 150.00