

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000070116

FILED
Apr 25, 2008
Secretary of State

Entity Name: CENTRAL FLORIDA WATER CRAFTS, INC.

Current Principal Place of Business:

4102 BOB WHITE CT.
ST. CLOUD, FL 34772

New Principal Place of Business:

5925 AVENDIA VISTA
ORLANDO, FL 32821

Current Mailing Address:

4417 13TH ST.
PMB 330
ST. CLOUD, FL 34769

New Mailing Address:

FEI Number: 43-1965510 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BENKEN, MINDY A
4102 BOB WHITE CT.
ST. CLOUD, FL 34772 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: SEC () Delete
Name: BENKEN, MINDY A
Address: 4417 13TH ST PMB 330
City-St-Zip: ST CLOUD, FL 34769

Title: PRES () Delete
Name: LANE, SPENCER D
Address: 4417 13TH ST PMB 330
City-St-Zip: ST CLOUD, FL 34769

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PRES (X) Change () Addition
Name: BENKEN, MORGAN
Address: 4417 13TH ST PMB 330
City-St-Zip: ST CLOUD, FL 34769

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MINDY

SEC

04/25/2008

Electronic Signature of Signing Officer or Director

_____ Date