2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 10, 2008 08:00 AN Secretary of State

	ANNUAL	REPORT			Coor	estarry of Cto
DOCUMENT # P03000106007					Seci	retary of Sta
1. Entity Name CLEARWATER EXCURSIONS CORPORATION						
	,					
Principal Plac	e of Business	Mailing Address				
		CLEARWATER EXCURSIONS 51 ISLAND WAY, UNIT 901	CORP.			
CLEARWATER		CLEARWATER, FL 33767		1	86(A) 88(A) 88(A) 116(A) 89(
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mit in	O NOT WRITE	IN THIS CO.	ACE	03062008 No	Chg-P CR2	2E034 (11/05)
· · L	O NOT WRITE	IN THIS SPA	ACE	4. FEI Number 02-0707486		Applied For Not Applicable
1 19 3	San	epsilon testing in a		5. Certificate of Statu	s Desired	\$8.75 Additional
1	6. Name and Address of Current R	enistered Agent		5. Continuate of State	3 De3ii 60	Fee Required
	o. Name and Address of Current N	egistered Agent		Schussynie	and the first	
DICKINSON, ROBERT C III 51 ISLAND WAY				DO NO	T WRIT	
# 901 CLEARWATER, FL 33767			The state of the s	· in Thi	S SPAC	
CLEARWA	AIER, FL 33/0/				The state of the s	
8. The above	named entity submits this statement for	the nurnose of changing its regi	stered office or register	red agent, or both, in the		am familiar with, and accept
	tions of registered agent.	and purpose of oneinging to roge	olorida dillad di Toglado.	od ago, it, o. bot., ii. a.i.	0,0,0	
SIGNATURE.	Signature, typed or printed name of registered agent an	d title if applicable. (NGTE: Reg	istered Agent signature required	d when reinstaling)	DA	TE
		9. Election Campaign F	inancino ¢ E	.00 May Be		
	.E NOW!!! FEE !S \$150.00 ay 1, 2008 Fee will be \$550.0			led to Fees		
10.	OFFICERS AND D	DIRECTORS		A Part Service	ر الله الله الله الله	
TITLE NAME	PSDT COHEE, JOHN J		terior in the second		en'	
STREET ADDRESS	51 ISLAND WAY, UNIT # 901 CLEARWATER, FL 33767				Line Congres	
TITLE	CLEARWATER, FL 33707				:000000653 /26/08=800	468-022 150:00
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NAME	1		.		E Company	and the second s

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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or or an attachment with an address, with all other like empowered.

SIGNATURE

STREET AODRESS CITY+ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #