2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## **Secretary of State** DOCUMENT # P03000151215 02-13-2007 90045 015 \*\*\*150.00 1. Entity Namo SCHOONER WATCH CORP. Principal Place of Business Mailing Address ONE COLLANY RD TIERRA VERDE FL 33715 ONE COLLANY RD TIERRA VERDE FL 33715 TiennallendeEL 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suile, Apl. #, etc. 1st MOORE CR2E034 (10/06) City & State 4. FEI Number 80-0084756 Applied For City & State Not Applicable Zip Zip Country Country \$8.75 Additional $\Box$ 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent Name and Address of New Registered Agent ARSENAULT, KENNETH G JR 10225 ULMERTON RD, STE 2 Number is Not Accept **LARGO FL 33771** TRUVU 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. with and accopt SIGNATUR Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstalling) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. TIFLE HILE ☐ Change Addition MOORE, WILLIAM NAME NAM ONE-COLLANY RD STREET ADDRESS SIREEL ADORESS TIERRA VERDE FL 33715 CHY-ST-ZIF CHY-ST-ZIP ЩЩ INTE ☐ Change Addition NAME NAME STRUCT ADDRESS STREET ADDRESS CHY-SI-7P CITY-SI-ZIP THE ☐ Delele HTLE ☐ Change ☐ Addition NAME MAMS STREET ADDRESS STREET ADDRESS CITY - ST-ZIP CHY SI-7P mle □ Defete ☐ Change Addition NAME NALE STRUTT ADDRESS STREET ADORESS CHEV. ST. 782 CITY-SI-ZIP Delete HELE ☐ Change Addition mu NAME STREET ADDRESS STREET ADDRESS CITY-SI-7IP CITY-S1-ZIP Delete MŒ ☐ Change Addition 14714 NALE NAME STREET ADDRESS STRUET ADDRESS CITY - ST- 7IP CHY-ST-ZIP 12. I hereby cortify that the information supplied with this filing does not qualify for the exemptions contained in Section 1.19, 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 trustoe 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. 542 390C

**FILED** 

Mar 06, 2007 8:00 am