2004 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P94000016826

Entity Name

THE LONGBOAT CONNECTION, INC.



FILED Feb 10, 2004 08:00 AM Secretary of State

Principal Place of Business 3720 GULF OF MEXICO DR LONGBOAT KEY, FL 34228 Mailing Address

3720 GULF OF MEXICO DR LONGBOAT KEY, FL 34228



01092004

No Chg-P

CR2E034 (10/03)

4. FEI Number 65-0470030 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SILBERSTEIN, DAVID M. 720 SOUTH ORANGE AVENUE SARASOTA, FL 34236

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				114	I NIS SPACE
8. The above the obligat	named entity submits this statement for the p tions of registered agent.	ourpose of changing its registered	office or re	gistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE	Signature, typed or printed name of registered agent and title in	Fapplicable. (NOTE: Registered A	gent signatura :	required when rematating)	DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	Election Campaign Finance Trust Fund Contribution.	ing \square	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS			
BILE NAME STREET ADDRESS CITY-ST-ZIP	DPT KNUESE, MICHELE 5200 GULF OF MEXICO DRIVE LONGBOAT KEY, FL 34228				U00000844826 02/11/04-80037-014 150.00
NAME STREET ADDRESS CITY-ST-ZIP	DVPS JORDAN, JAN 5512 83RD TERRACE E SARASOTA, FL 34243	,			
TITLE NAME STREET ADDRESS CITY-SI-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZP			IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZEP					
TITLE					- · -

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: _

NAME SIREET ADBRESS CITY+ST-ZIP

Agres DAglan

7/5/04

941-387-9709