


2008 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Jan 28, 2008 08:00 AM
Secretary of State

DOCUMENT # P94000016826
 1. Entity Name
 THE LONGBOAT CONNECTION, INC.



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

DO NOT WRITE IN THIS SPACE



01102008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0470030	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SILBERSTEIN, DAVID M.
 720 SOUTH ORANGE AVENUE
 SARASOTA, FL 34238

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000802974 02/05/08-80005-023 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT KNUESE, MICHELE 440 BIRD KEY DR SARASOTA, FL 34276
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPS JORDAN, JAN 5512 83RD TERRACE E SARASOTA, FL 34243
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 on an attachment with an address, with all other like empowered.

SIGNATURE: Jan Jordan 1/23/08 941-387-9709
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #