## 2008 FOR PROFIT CORPORATION ANNUAL REPORT DOCUMENT # V29870 1. Entity Name WATERHOUSE PHOTO TOURS, INC. Principal Place of Business MILE MARKER 102.5 US #1 KEY LARGO, FL 33037 Mailing Address P.O. BOX 2820 KEY LARGO, FL 33037

FILED
Jan 10, 2008 08:00 AM
Secretary of State



## No Cha-P CR2E034 (11/05) 01072008 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0335496 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent FRINK, STEPHEN DO NOT WRITE 494 CARIBBEAN DRIVE KEY LARGO, FL 33037 IN THIS SPACE 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 Fiorida. I am familiar with, and accept the obligations of registered agent. SIGNATURE\_ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOWII! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fee: OFFICERS AND DIRECTORS 10. TITLE DOERNBACH, BARBARA NAME U60000777692 01/10/08-80019-002 150.00 STREET ADDRESS 494 CARIBBEAN DRIVE CITY-ST-ZIP KEY LARGO, FL 33037 TITLE FRINK, STEPHEN NAME 494 CARIBBEAN DRIVE STREET ADDRESS CITY-ST-ZIP KEY LARGO, FL 33037 TITLE NAME

IN THIS SPACE

DO NOT WRITE

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 imposers.

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

NAME
STREET ADDRESS
CITY-ST-ZIP
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SIGNATURE AND TO SE PRINTED HAVE OF SIGNING OFFICER OR DIRECTOR

0.0707 (305) 451 35 KZ