


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 12, 2004 8:00 am**  
**Secretary of State**

04-12-2004 90302 028 \*\*\*150.00

<b>DOCUMENT# P00000034738</b>			
1. Entity Name <b>CAPT. NEPTUNUS CORPORATION</b>			
Principal Place of Business <b>255 COMMERCIAL BLVD. SUITE 200 LAUDERDALE BY THE SEA, FL 33308</b>		Mailing Address <b>255 COMMERCIAL BLVD. SUITE 200 LAUDERDALE BY THE SEA, FL 33308</b>	
2. Principal Place of Business <b>4442 SEA GRAPE DR</b>		3. Mailing Address <b>4442 SEA GRAPE DR</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>LAUDERDALE BY THE SEA</b>		City & State <b>LAUDERDALE BY THE SEA</b>	
Zip <b>33308</b>	Country <b>BROWARD</b>	Zip <b>33308</b>	Country <b>BROWARD</b>
6. Name and Address of Current Registered Agent <b>VANMEERBEECK, L.E. DOLF 255 COMMERCIAL BLVD. SUITE 200 LAUDERDALE BY THE SEA, FL 33308</b>		7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) <b>4442 SEA GRAPE DR</b> City <b>LAUDERDALE BY THE SEA</b> <b>FL</b> Zip Code <b>33308</b>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when re-instating) DATE</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS / CHANGES TO OFFICERS AND DIRECTORS IN 1</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <input type="checkbox"/> Delete <b>VANMEERBEECK, L.E. DOLF 255 COMMERCIAL BLVD. SUITE 200 LAUDERDALE BY THE SEA, FL 33308</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 owner, partner, trustee, or empowered executive of 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.			
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<b>4/5/2004</b> <small>Date</small> <small>Daytime Phone#</small>	

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01292004 Chg-P CR2E034(10/03)

4. FEINumber **65-0999162** Applied For  Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required