


ANNUAL REPORT

DOCUMENT # P0000034738 1. Entity Name CAPT. NEPTUNUS CORPORATION	
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Principal Place of Business 4442 SEAGRAPE DR LAUDERDALE BY THE SEA, FL 33308	Mailing Address 4442 SEAGRAPE DR LAUDERDALE BY THE SEA, FL 33308
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.	4. FEI Number 65-0999162
City & State	City & State	Applied For Not Applicable
Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required



FILED
Jan 19, 2005 08:00 AM
Secretary of State

01112005 Chg-P CR2E034 (10/03)

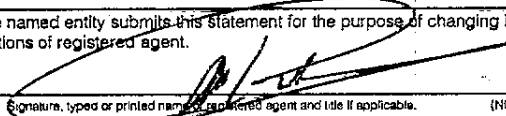
6. Name and Address of Current Registered Agent

VAN MEERBEECK, L.E. DOLF
4442 SEAGRAPE DR
LAUDERDALE BY THE SEA, FL 33308

7. Name and Address of New Registered Agent

Name **Robeyns, Marc A.**
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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.

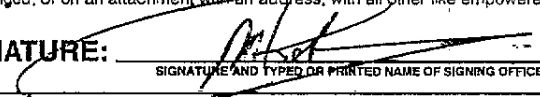
SIGNATURE  DATE **1/13/2005**
(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PSTD	<input type="checkbox"/> Delete	TITLE	[Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBEYNS, MARC A		NAME		
STREET ADDRESS	2839 NW 28TH AVENUE		STREET ADDRESS		
CITY-ST-ZIP	LIGHTHOUSE POINT, FL 330648218		CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  DATE **1/13/05**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #