## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Mar 24, 2008 8:00 am DOCUMENT # P96000004862 **Secretary of State** 1. Entity Name CAPT. EDDIE, INC. 03-24-2008 90068 031 \*\*\*150.00 Principal Place of Business Mailing Address P.O.BOX 1087 22838 BAY CEDAR DR LAND O' LAKES, FL 34639 TARPON SPRING, FL 34688 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02062008 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 59-3355279 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name POTTER, HUBERT E JR Street Address (P.O. Box Number is Not Acceptable) **5940 MAIN ST** NEW PORT RICHEY, FL 34652 City Zip Code FL 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. Sonsture, typed or prioted name of sediatered agent end title it epolicable (NOTE, Registered Agent signature required when reinstating) [LATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE TITLE ☐ Delete ☐ Change ☐ Addition MAME POTTER, HUBERT E JR. NAME STREET ADDRESS PO BOX 1087 STREET ADDRESS CITY - ST - ZIP TARPON SPRINGS, FL 34688 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition MAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Addition ☐ Change STREET ADDRESS STREET ADDRESS CITY - ST-ZIP CITY-ST-ZIP TIFLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CLTY-ST-ZiP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST- ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing cloes 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.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

THILE

NAME

STREET ADDRESS

SIGNATURE:

CITY - ST- 7IP

ND TYPED OR PRINTED NAME OF SIGNING OF ICER OR DIRECTOR

Delete

3-19-08 727-4302742

☐ Change

■ Addition