

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 767085

FILED  
Mar 24, 2006  
Secretary of State

Entity Name: CAPTAIN'S QUARTERS, INC.

**Current Principal Place of Business:**

2730 NE 14TH ST  
FT. LAUDERDALE, FL 33304

**New Principal Place of Business:**

**Current Mailing Address:**

724 PITTSTON AVE.  
SCRANTON, PA 18505

**New Mailing Address:**

FEI Number:                      FEI Number Applied For ( )                      FEI Number Not Applicable (X)                      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MAHON, MAURA  
2730 N.E. 14TH ST.  
FT. LAUDERDALE, FL 33304      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title:                      VPD                      ( ) Delete  
Name:                      ZAFER, RAY  
Address:                      2732 NE 14 STREET  
City-St-Zip:                      FORT LAUDERDALE, FL 33304

Title:                      SD                      ( ) Delete  
Name:                      SWATKOWSKI, NICK  
Address:                      2730 NE 14TH ST  
City-St-Zip:                      FORT LAUDERDALE, FL 33304

Title:                      D                      ( ) Delete  
Name:                      SCHEINER, GLENN  
Address:                      2734 NE 14TH ST.  
City-St-Zip:                      FT. LAUDERDALE, FL 33304

Title:                      PTD                      ( ) Delete  
Name:                      SCHEINER, DIANNA  
Address:                      2734 NE 14TH ST.  
City-St-Zip:                      FT. LAUDERDALE, FL 33304

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:                      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:                      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:                      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:                      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MAURA MAHON

PD

03/24/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date