


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 18, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # H64884</b> 1. Entity Name <b>CAPTAIN'S CHOICE MARINE, INC.</b>	
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Principal Place of Business <b>C/O TIM R. JOHNSON 1323 SE 17TH ST, STE 502 FT LAUDERDALE, FL 33316</b>	Mailing Address <b>C/O TIM R. JOHNSON 1323 SE 17TH ST, STE 502 FT LAUDERDALE, FL 33316</b>
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**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**JOHNSON, TIM R.  
1323 SE 17TH ST, STE 502  
FT LAUDERDALE, FL 33316**

**DO NOT WRITE  
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 Florida. 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 \_\_\_\_\_

<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 May Be Added to Fees</b>
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**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JOHNSON, TIM R. 1323 SE 17TH ST, STE 502 FT LAUDERDALE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD JOHNSON, NINA W. 1323 SE 17TH ST., STE. 502 FT. LAUDERDALE, FL
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03/18/04-80005-002 150.00

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 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:**  **Pres. Tim R. Johnson** **3/15/04 954-398-3861**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #