


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 08, 2008 08:00 AM
Secretary of State

DOCUMENT # J59955 1. Entity Name HOUSE CAPTAINS, INC.	
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Principal Place of Business 1133 SW 3RD ST. BOCA RATON, FL 33486 US	Mailing Address 1133 SW 3RD ST. BOCA RATON, FL 33486 US
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02052008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2818149	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent POWERS, ROBERT W. 1133 S.W. 3RD ST. BOCA RATON, FL 33486
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD POWERS, ROBERT W. 1133 S.W. 3RD ST. BOCA RATON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD POWERS, KATHERINE H. 1133 S.W. 3RD ST. BOCA RATON, FL
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02/19/08-80015-011 158.75

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does 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.	
SIGNATURE:  ROBERT W. POWERS	2/6/08 561-289-8787 561-750-9441
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Daytime Phone #</small>