

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# J87742

Entity Name: CAP'T J. B.'S FISH CAMP, INC.

FILED
Jun 23, 2009
Secretary of State

Current Principal Place of Business:

859 POMPANO ST.
NEW SMYRNA BEACH, FL 321701404

New Principal Place of Business:

859 POMPANO ST.
NEW SMYRNA BEACH, FL 32169 US

Current Mailing Address:

PO BOX 1404
NEW SMYRNA BEACH, FL 321701404 US

New Mailing Address:

FEI Number: 59-2876529 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOLLMAN, JOHN A.
6750 TURTLEMOUND RD
NEW SMYRNA BEACH, FL 321694913 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: PT () Delete
Name: BOLLMAN, JOHN A., III
Address: 6750 TURTLE MOUND RD.
City-St-Zip: NEW SMYRNA BEACH, FL 321694913

Title: S () Delete
Name: SCHULZ, PAUL D. CPA
Address: 1724 SOUTH NOVA RD.
City-St-Zip: DAYTONA BEACH, FL 321191728

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: BOLLMAN III, JOHN A.
Address: 6750 TURTLE MOUND RD.
City-St-Zip: NEW SMYRNA BEACH, FL 321694913 US

Title: S (X) Change () Addition
Name: SCHULZ, PAUL D. CPA
Address: 1724 SOUTH NOVA RD.
City-St-Zip: DAYTONA BEACH, FL 321191728 US

Title: T () Change (X) Addition
Name: STACY-LEBLOND, JO EMILY
Address: 204 CHESTNUT ST.
City-St-Zip: NEW SMYRNA BEACH, FL 32168 US

I hereby certify that the information supplied with this filing does not qualify 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN A BOLLMAN III

Electronic Signature of Signing Officer or Director

PRES

06/23/2009

_____ Date