

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 12, 2004 8:00 am
Secretary of State

03-12-2004 90038 006 ***150.00

DOCUMENT # J99693

1. Entity Name
CAP'N & THE COWBOY, INC.



Principal Place of Business
**2200 KINGS HWY., MAPLES LEAF PLAZA
3 N
PORT CHARLOTTE, FL 33980**

Mailing Address
**2200 KINGS HWY., MAPLES LEAF PLAZA
3 N
PORT CHARLOTTE, FL 33980**

94028245



03092004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0028256** Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**WOTITZKY, EDWARD L.
201 W. MARION AVE.
SUITE 301
PUNTA GORDA, FL 33950**

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	REBOL, RICHARD
STREET ADDRESS	141 GUAVA
CITY-ST-ZIP	CHARLOTTE HARBOR, FL 33982
TITLE	TD
NAME	ASHLEY, DONALD W.
STREET ADDRESS	32440 BERENICE 366 E. Olympia Ave
CITY-ST-ZIP	PUNTA GORDA, FL 33982 33950
TITLE	VD
NAME	REBOL, WILLIAM
STREET ADDRESS	26037 LUZON COURT
CITY-ST-ZIP	PUNTA GORDA, FL 33983
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: Donald W. Ashley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-9-04

Date Daytime Phone #