

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

FILED

07 MAR -2 AM 10:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



02142007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-3007291	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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DOCUMENT # L04000089712

1. Entity Name  
CAPTAIN TERRIFIC LLC



Principal Place of Business  
30750 U.S. HIGHWAY 19 NORTH  
PALM HARBOR, FL 34684

Mailing Address  
30750 U.S. HIGHWAY 19 NORTH  
PALM HARBOR, FL 34684

**DO NOT WRITE IN THIS SPACE**

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

LAMONT, DAVID A  
3040 GULF TO BAY BLVD  
CLEARWATER, FL 33759

**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 \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2007**

000092277110  
03/12/07--01017--010 \*\*3961.25

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR MONGELLUZZI, FRANK 30750 U.S. HIGHWAY 19 NORTH PALM HARBOR, FL 34684
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IN THIS SPACE**

K. Eckel MAR 05 2007

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Frank Mongelluzzi

Date

Daytime Phone #