


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 04, 2005 8:00 am**  
**Secretary of State**


03-04-2005 90083 044 \*\*\*\*61.25

<b>DOCUMENT # N02000005690</b>	
<b>1. Entity Name</b> CAPTAIN HENRY MORGAN AND THE KREWE OF RUNRUNNERS, INC.	

<b>Principal Place of Business</b> 3808 EAST DR MLK BLVD. TAMPA FL 33610	<b>Mailing Address</b> 3808 EAST DR MLK BLVD. TAMPA FL 33610
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<b>2. Principal Place of Business</b> 3808-B EAST DR. MLK BLVD	<b>3. Mailing Address</b> 3808-B DR. MLK BLVD EAST
Suite, Apt. #, etc.	Suite, Apt. #, etc.

<b>City &amp; State</b> TAMPA, FL	<b>City &amp; State</b> TAMPA, FL
<b>Zip</b> 33610	<b>Zip</b> 33610
<b>Country</b> HILLSBROUGH	<b>Country</b> HILLSBROUGH

	
1st MOORE	CR2E037 (10/04)
<b>4. FEI Number</b> 27-0027854	<b>Applied For</b> <input type="checkbox"/> Not Applicable

<b>6. Name and Address of Current Registered Agent</b> AMATO, JOHN 3808 EAST DR. MLK BLVD TAMPA FL 33610	
<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

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.

<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2005</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to</b> <b>Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
<b>TITLE</b> PD	<b>NAME</b> PLOTZ, STEVE <b>STREET ADDRESS</b> 3808 EAST MLK BLVD. <b>CITY-ST-ZIP</b> TAMPA FL 33610	<input checked="" type="checkbox"/> Delete	
<b>TITLE</b> VPD	<b>NAME</b> AMATO, JOHN <b>STREET ADDRESS</b> 3808 EAST MLK BLVD. <b>CITY-ST-ZIP</b> TAMPA FL 33610	<input type="checkbox"/> Delete	
<b>TITLE</b> T	<b>NAME</b> MORAN, GREGG <b>STREET ADDRESS</b> 3808 EAST MLK BLVD. <b>CITY-ST-ZIP</b> TAMPA FL 33610	<input type="checkbox"/> Delete	
<b>TITLE</b> SD	<b>NAME</b> CABRERA, PEDRO <b>STREET ADDRESS</b> 3808 EAST MLK BLVD. <b>CITY-ST-ZIP</b> TAMPA FL 33610	<input type="checkbox"/> Delete	
<b>TITLE</b> NAME	<b>STREET ADDRESS</b> CITY-ST-ZIP	<input type="checkbox"/> Delete	
<b>TITLE</b> NAME	<b>STREET ADDRESS</b> CITY-ST-ZIP	<input type="checkbox"/> Delete	
<b>TITLE</b> PD	<b>NAME</b> CABRERA, PEDRO <b>STREET ADDRESS</b> 3808-B DR. M.L.K. BLVD. EAST <b>CITY-ST-ZIP</b> TAMPA, FL. 33610	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> VPD	<b>NAME</b> MORAN, GREGG <b>STREET ADDRESS</b> 3808-B DR. M.L.K. BLVD EAST <b>CITY-ST-ZIP</b> TAMPA, FL. 33610	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> T	<b>NAME</b> AMATO, JOHN <b>STREET ADDRESS</b> 3808-B DR. M.L.K. BLVD. EAST <b>CITY-ST-ZIP</b> TAMPA, FL. 33610	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> SD	<b>NAME</b> BIBBS, AUDREY <b>STREET ADDRESS</b> 3808-B DR. M.L.K. BLVD. EAST <b>CITY-ST-ZIP</b> TAMPA, FL. 33610	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> NAME	<b>STREET ADDRESS</b> CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> NAME	<b>STREET ADDRESS</b> CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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 617, 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:**  **JOHN E. AMATO** **2-25-05** **813-626-2888**  
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #