

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 17, 2006 8:00 am**  
**Secretary of State**

01-17-2006 90238 001 \*\*\*150.00

**DOCUMENT # P02000053541**

1. Entity Name  
**HILLSBORO INLET CAPTAINS ASSOCIATION, INC.**



Principal Place of Business  
**2705 NORTH RIVERSIDE DR.  
POMPANO BEACH, FL 33062**

Mailing Address  
**2705 NORTH RIVERSIDE DR.  
POMPANO BEACH, FL 33062**

60002208



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01082006

Chg-P

CR2E034 (11/05)

City & State

City & State

4. FEI Number

**04-3697313**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HORN, TOM  
2705 NORTH RIVERSIDE DR.  
POMPANO BEACH, FL 33062**

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

*Edwin F. Wheeler*

*EDWIN F. WHEELER*

*1/10/06*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME	P HORN, TOM	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	601 PINE DR., #104	
CITY-ST-ZIP	POMPANO BEACH, FL 33060	
TITLE NAME	V WHEELER, EDWIN F JR.	<input type="checkbox"/> Delete
STREET ADDRESS	2240 NE 46 ST.	
CITY-ST-ZIP	LIGHTHOUSE POINT, FL 33064	
TITLE NAME	ST WHEELER, EDWIN F SR.	<input type="checkbox"/> Delete
STREET ADDRESS	2736 NE 12 ST.	
CITY-ST-ZIP	POMPANO BEACH, FL 33062	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME	<del>SKIP DANA</del>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	PRES SKIP DANA	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	2705 N RIVERSIDE DR	
CITY-ST-ZIP	POMPANO BEACH, FL 33062	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

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:

*Edwin F. Wheeler*

*EDWIN F. WHEELER*

*1/10/06*

*984-980-6353*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #