2005 FOR PROFIT CORPORATION ___ANNUAL REPORT

FILED Apr 13, 2005 08:00 AM Secretary of State

Principal Place of Desirons 9200 SN 181 ST MAMIL FL 33157 DO NOT WRITE IN THIS SPACE O40e2005 No Chg. P CP285034 (10/03) F. Fig. Number 55-0797379 No Chg	DOCUMENT # P02000078861 1. Enlity Name CAPTAIN GREG, INC.				Secretary of State	
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NEWELL, GREGORY R 9200 SW 181 ST MAMI, FL 33157 BO 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 Statu of Perioda, I am territian with, and accept the obligations of registered agent. SIGNATURE: Signature, right of a photo tiens of imprined agent and this if sociliaries. IDER Registered agent, or both, in the Statu of Perioda, I am territian with, and accept the obligations of registered agent. Or both, in the Statu of Perioda. I am territian with, and accept the obligations of registered agent. Or both, in the Statu of Perioda. I am territian with, and accept the obligations of registered agent. Or both, in the Statu of Perioda. I am territian with, and accept the obligations of registered agent. Or both, in the Statu of Perioda. I am territian with, and accept the obligations of registered agent. Or both, in the Statu of Perioda. I am territian with, and accept the obligations of registered agent. Or both, in the Statu of Perioda. I am territian with, and accept the obligations of registered agent. Or both, in the Statu of Perioda. I am territian with, and accept the Accept to Perioda Statutes. I for the obligation of the statute of Perioda Statutes. I for the conflict the Information Indicated on the report or supplied with this filting does not qualify for the exemption stated in Socilor 119,077(3)), Perioda Statutes. I further conflict that the Information Indicated on the report or supplied with this filting does not qualify for the exemption stated in Socilor 119,077(3)), Perioda Statutes. I further conflict the Information Indicated on the report or supplied with this filting does not qualify for the exemption of the Report of the Statutes. I further conflict that the Information Indicated on the report or supplied with this filting does not qualify the proper GPT, Fordical Statutes. I further conflict the Information Indicated on the report or supplied with this filting does not qua	C			CE	04062005 No Chg-P CR2E034 (10/03) 4. FEI Number	
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After May 1, 2005 Fee will be \$550.00 Tout Fund Contribution. Added to Pees 10. OFFICERS AND DIRECTORS ITIE NAME STREET ADDRESS CITY -ST- 2P ITIE NAME STREET ADDRESS CIT	the obligations of registered agent. SIGNATURE					
TITLE INVEST ADDRESS CITY-ST-2P ITTLE INVEST ADDRESS CITY-ST-2P INVEST ADDRESS CITY-ST-2	After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees					
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NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP ITTLE NAME STREET ADDRESS CITY-ST-ZIP 12. 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 executate and that my signature shall have the same legal effect as if made under oath, that I am an officer or of the comporation or the receiver or supplemental report is true and executate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the comporation or the receiver or susplemental report is true and executate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the comporation or the receiver or susplemental report is true and executate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the comporation or the receiver or susplemental report is true and executate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the comporation or the receiver or susplemental report is true and executate shall have the same legal effect as if made under oath, that I am an officer or director of the comporation or the receiver or susplemental report is true.	NAME STREET ADDRESS				000000301330 04/13/05-80028-002 150.00	
SIGNATURE: NAME STREET ADDRESS CITY - ST - ZIP ITTLE NAME NAME STREET ADDRESS CITY - ST - ZIP ITTLE NAME 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 mystee empowered to execute his 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.	NAME STREET ADDRESS					
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SIGNATURE: VY-9-05	NAME STREET ADDRESS CITY ST-ZIP		57 <u></u>			