

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 07, 2007 08:00 AM
Secretary of State

DOCUMENT # P04000158999

1. Entity Name
CAPTAIN ZOOM PRODUCTS, INC.



Principal Place of Business
**4976 BOCAIRE BOULEVARD
BOCA RATON, FL. 33487**

Mailing Address
**4976 BOCAIRE BOULEVARD
BOCA RATON, FL 33487**



01052007 No Chg-P CR2E034 (11/05)

4. FEI Number
20-1968215

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**STILLER, ROBERT A
4976 BOCAIRE BOULEVARD
BOCA RATON, FL 33487**

**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, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE **P**
NAME **STILLER, ROBERT A SR.**
STREET ADDRESS **4976 BOCAIRE BOULEVARD**
CITY-ST-ZIP **BOCA RATON, FL 33487**

TITLE **VP**
NAME **STILLER, CYNTHIA S**
STREET ADDRESS **4976 BOCAIRE BOULEVARD**
CITY-ST-ZIP **BOCA RATON, FL 33487**

TITLE **SECT**
NAME **STILLER, CYNTHIA S**
STREET ADDRESS **4976 BOCAIRE BOULEVARD**
CITY-ST-ZIP **BOCA RATON, FL 33487**

TITLE **TRES**
NAME **STILLER, ROBERT A**
STREET ADDRESS **4976 BOCAIRE BOULEVARD**
CITY-ST-ZIP **BOCA RATON, FL 33487**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000624898
02/14/07-80053-021 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

Robert Stiller *Robert Stiller* 2-3-07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #