

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Aug 17, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P05000076195**

**1. Entity Name**  
**CAPTAIN FIBERGLASS OF FLORIDA, INC.**



**Principal Place of Business**  
**525 CASE ROAD**  
**LABELLE, FL 33935**

**Mailing Address**  
**525 CASE ROAD**  
**LABELLE, FL 33935**



08082007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

**4. FEI Number**  
**30-0319447**

**Applied For**  
**Not Applicable**

**5. Certificate of Status Desired** ☐

**\$8.75 Additional  
Fee Required**

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

**REED, JOHN**  
**525 CASE ROAD**  
**LABELLE, FL 33935**

**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 restate)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 14, 2007**

**9. Election Campaign Financing**  
**Trust Fund Contribution.** ☐

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

**In accordance with s. 607.193(2)(b), F.S., the**  
**corporation did not receive the prior notice.**

**10. OFFICERS AND DIRECTORS**

**TITLE** P  
**NAME** REED, JOHN  
**STREET ADDRESS** 525 CASE ROAD  
**CITY-ST-ZIP** LABELLE, FL 33935

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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08/17/07-80005-012 150.00

**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:** *John Reed* **JOHN REED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**8-13--07** **863-843-0301**  
Date Daytime Phone #