## 2006 FOR PROFIT CORPORATION

## **FILED** Apr 20, 2006 8:00 am Secretary of State **ANNUAL REPORT DOCUMENT # P05000081823** 1. Entity Name 04-20-2006 90208 048 \*\*\*150.00 CAPTAIN PATRICK, INC. Mailing Address Principal Place of Business 7210 DATELAND ST. 7210 DATELAND ST. ENGLEWOOD, FL 34224 ENGLEWOOD, FL 34224 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Ant. #, etc. CR2E034 (11/05) 04132006 Chg-P 4. FE Number Applied For City & State City & State Not Applicable Country Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MASON, PATRICK R Street Address (P.O. Box Number is Not Acceptable) 7210 DATELAND ST. ENGLEWOOD, FL 34224 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 10. ☐ Change M Addition TITLE D Delete TITLE MASON, PATRICK R NAME NAME 7210 DATELAND ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ENGLEWOOD, FL 34224 CITY-ST-ZIP Delete ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ■ Addition ☐ Change TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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 addition with all other like empowered.

CITY-ST-ZIP

SIGNATURE: \_

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR