2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P06000093240

1. Entity Name
CAPTAIN'S TABLE FISH HOUSE RESTAURANT, INC.

Principal Place of Business	Mailing Address
1110 BECK AVENUE	1110 BECK AVENUE
PANAMA CITY, FL 32401	PANAMA CITY, FL 32401

DO NOT WRITE IN THIS SPACE

05012008   No Chg-P   CR2E034 (11/05)

4. FEI Number		Applied For
20-5484670		Not Applicable

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

6. Name and Address of Current Registered Agent

HOLMAN, THOMAS M
8919 N. LAGOON DRIVE
PANAMA CITY BEACH, FL 32408

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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 reinstating)   DATE

FILE NOW!!! FEE IS $150.00 **After May 1, 2008 Fee will be $550.00**	**9.** Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	U00000942249 05/29/08-80011-019 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	HOLMAN, THOMAS M
STREET ADDRESS	1110 BECK AVENUE
CITY-ST-ZIP	PANAMA CITY, FL 32401

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

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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: _____   5.1.08   850 769933

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #