## 2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

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DOCUMENT # P06000115085 1. Entity Name CAPTAIN GEORGE GILL, INC. 401000 - TALLATAN EN LEGRIDA Principal Place of Business Mailing Address 3695 SCENIC HWY. 98 3695 SCENIC HWY. 98 UNIT 1002 UNIT 1002 DESTIN, FL 32541 DESTIN, FL 32541 2. Principal Place of Business - No P.O. Box # Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04042007 Chg-P CR2E034 (12/06) City & State 4. FEI Number 20-5 City & State Applied For Not Applicable Country Zip Zio Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FOSTER, WILLIAM S Street Address (P.O. Box Number is Not Acceptable) 909 MAR WALT DRIVE 1014 FORT WALTON BEACH, FL 32547 City 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 SIGNATURE Squature, 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, 2007 Fee will be \$550.00 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Delete TITLE ☐ Change ☐ Addition TITLE GILL, RAYMOND G NAME NAME 3695 SCENIC HWY. 98, UNIT 1002 STREET ADDRESS STREET ADDRESS DESTIN, FL 32541 CITY-ST-ZIP CITY-ST-ZIP ☐ Delets TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Oelete ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-78P CITY-ST-ZIP Delete Change Addition IIILE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-7P ☐ Change ■ Addition TITLE Detete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

12. Thereby certify that the information supplied with this filling 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 eath; 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: \_