

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000021093

Entity Name: YOUR CAPTAIN INC

FILED  
Jun 28, 2009  
Secretary of State

## Current Principal Place of Business:

3426 COLDWELL DR  
HOLIDAY, FL 34691

## New Principal Place of Business:

## Current Mailing Address:

3426 COLDWELL DR  
HOLIDAY, FL 34691

## New Mailing Address:

FEI Number: 20-8458021

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

LAROCHE, PHILIP  
3426 COLDWELL DR  
HOLIDAY, FL 34691 US

## Name and Address of New Registered Agent:

LAROCHE, PHILIP C P  
3426 COLDWELL DR  
HOLIDAY, FL 34691 US

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.

SIGNATURE: PHILIP LAROCHE

06/28/2009

Electronic Signature of Registered Agent

Date

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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: LAROCHE, PHILIP  
Address: 3426 COLDWELL DR  
City-St-Zip: HOLIDAY, FL 34691

Title: VP ( ) Delete  
Name: HAMPTON, ANNA  
Address: 3426 COLDWELL DR  
City-St-Zip: HOLIDAY, FL 34691

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: LAROCHE, PHILIP C  
Address: 3426 COLDWELL DR  
City-St-Zip: HOLIDAY, FL 34691

Title: VP (X) Change ( ) Addition  
Name: LAROCHE, ANNA  
Address: 3426 COLDWELL DR  
City-St-Zip: HOLIDAY, FL 34691

Title: S ( ) Change (X) Addition  
Name: LAROCHE, PHILIP C  
Address: 3426 COLDWELL DR.  
City-St-Zip: HOLIDAY, FL 34691

Title: T ( ) Change (X) Addition  
Name: LAROCHE, ANNA  
Address: 3426 COLDWELL DR.  
City-St-Zip: HOLIDAY, FL 34691

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PHILIP LAROCHE

P

06/28/2009

Electronic Signature of Signing Officer or Director

Date