2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P95000003760

1. Entity Name

CAPTAIN JOHN BOAT COMPANY



FILED
May 01, 2007 08:00 A
Secretary of State

Principal Place of Business

P.O. BOX 276 CORTEZ, FL 32415 Mailing Address

P.O. BOX 276 CORTEZ, FL 32415



DO NOT WRITE IN THIS SPACE

04282007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0587589

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BELL, CALVIN E 12203 45TH AVE. W. CORTEZ, FL 34215

DO NOT WRITE IN THIS SPACE

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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 registored agent and title if	applicable (NOTE: Re	Agent signature required when reinstating)		DATE				
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Finant Trust Fund Contribution.		oing 🔲	\$5.00 May Be Added to Fees	U00000751659 05/18/07-80111-007 900.00			
10.	OFFICERS AND DIREC	TORS							
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BELL, CALVIN E 4600 124TH ST. WEST CORTEZ, FL 34215								
TITLE NAME STREET ADDRESS CITY-ST-ZIP									
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO NOT WRITE					
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN THIS SPACE					
TITLE NAME 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 address, with all other like empowered.

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CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APR 2 8 2007

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