

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 10, 2008 8:00 am**  
**Secretary of State**

06-10-2008 90003 019 \*\*\*150.00

<b>DOCUMENT # P95000089136</b>					
<b>1. Entity Name</b> CAPT. P., INC.					
<b>Principal Place of Business</b> 1751 WEDGWOOD DR. HARVEY, LA 70058			<b>Mailing Address</b> 1751 WEDGWOOD DR. HARVEY, LA 70058		
<b>2. Principal Place of Business - No P.O. Box #</b> 1848 COMMERCIAL DR Suite, Apt. #, etc.		<b>3. Mailing Address</b> 1848 COMMERCIAL DR Suite, Apt. #, etc.			
<b>City &amp; State</b> HARVEY LA		<b>City &amp; State</b> HARVEY LA		<b>4. FEI Number</b> 59-3347558	
<b>Zip</b> 70058		<b>Country</b> USA		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> NGUYEN, MYLINH 3014 E. 1ST CT. PANAMA CITY, FL 32401			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) 1501 THURSO RD LYNN HAVEN City FL Zip Code 32444		
<b>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.</b> SIGNATURE: <u>Mylinh Nguyen Registered Agent</u> DATE: <u>6/4/08</u> <small>Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>Due by September 12, 2008</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	DPC NGUYEN, BUI V 1751 WEDGEWOOD DR. HARVEY, LA 70058	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	VP NGUYEN, TRINH T 1750 WEDGEWOOD DR. HARVEY, LA 70058	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	RA NGUYEN, MYLINH 3014 E. 1ST CT. PANAMA CITY, FL 32401	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1501 THURSO RD LYNN HAVEN, FL 32444	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	ST NGUYEN, SUONG 1629 CROSSMOOR DR HARVEY, LA 70058	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3524 WEDGEWOOD DR. HARVEY LA 70058	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b> <u>Suong Nguyen ST</u> DATE: <u>6/4/08</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					