

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000089136

Entity Name: CAPT. P., INC.

FILED  
Jan 10, 2009  
Secretary of State

## Current Principal Place of Business:

1848 COMMERCIAL DR  
HARVEY, LA 70058

## New Principal Place of Business:

## Current Mailing Address:

1848 COMMERCIAL DR  
HARVEY, LA 70058

## New Mailing Address:

FEI Number: 59-3347558

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

NGUYEN, MYLINH  
1501 THURSO RD  
LYNN HAVEN, FL 32444 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DPC ( ) Delete  
Name: NGUYEN, BUI V  
Address: 1751 WEDGEWOOD DR.  
City-St-Zip: HARVEY, LA 70058

Title: VP ( ) Delete  
Name: NGUYEN, TRINH T  
Address: 1750 WEDGEWOOD DR.  
City-St-Zip: HARVEY, LA 70058

Title: RA ( ) Delete  
Name: NGUYEN, MYLINH  
Address: 1501 THURSO RD  
City-St-Zip: LYNN HAVEN, FL 32444

Title: ST ( ) Delete  
Name: NGUYEN, SUONG  
Address: 3524 WEDGEWOOD DR  
City-St-Zip: HARVEY, LA 70058

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: SUONG NGUYEN

S/T

01/10/2009

Electronic Signature of Signing Officer or Director

Date