


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 30, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P96000013865</b>		
1. Entity Name <b>CAPTAIN COACH INC.</b>		
Principal Place of Business <b>25108 TRADEWINDS DRIVE LAND O'LAKES, FL</b>	Mailing Address <b>25108 TRADEWINDS DRIVE LAND O'LAKES, FL</b>	
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  <b>HARRIS, NORMAN E 25108 TRADEWINDS DRIVE LAND O'LAKES, FL 34639</b>		<b>DO NOT WRITE IN THIS SPACE</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.		
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re/instating)</small>		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P HARRS, NORMAN E 25108 TRADEWINDS DR LAND O'LAKES, FL	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP HARRIS, SONYA A 25108 TRADEWINDS DRIVE LAND O LAKES, FL 34639	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.		
SIGNATURE: <u><i>Norman Harris</i></u> <b>NORMAN HARRIS</b>		4/26/05 <b>87278584470</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>



02172005 No Chg-P CR2E034 (10/03)

4. FEI Number <b>59-3359942</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

U00000349238  
05/02/05-80056-021 150.00

**DO NOT WRITE  
IN THIS SPACE**