2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2009
Secretary of State

DOCUMENT# P97000028138

Entity Name: CAPT. ANDER, INC.

Current Principal Place of Business:

POST OFFICE BOX 294
SOPCHOPPY, FL 32358

New Principal Place of Business:

429 PULLBACK ROAD
SOPCHOPPY, FL 32358

Current Mailing Address:

POST OFFICE BOX 294
SOPCHOPPY, FL 32358

New Mailing Address:

FEI Number: 59-3441589 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SIMMONS, JERRY
429 PULL BACK ROAD
SOPCHOPPY, FL 32358 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: PSTD ( ) Delete
Name: SIMMONS, JERRY
Address: POST OFFICE BOX 294 N/A
City-St-Zip: SOPCHOPPY, FL 32358

Title: VPD ( ) Delete
Name: SIMMONS, LOUISE
Address: POST OFFICE BOX 294 N/A
City-St-Zip: SOPCHOPPY, FL 32358

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: JERRY SIMMONS PSDT 03/21/2009

Electronic Signature of Signing Officer or Director — Date