


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 08:00 AM
Secretary of State

DOCUMENT # P98000035560
 1. Entity Name
CAPTAIN KATANNA'S, INC.



Principal Place of Business Mailing Address
4263 NORTH HARBOR CITY BLVD. **4854 VERONA CR**
MELBOURNE, FL 32935 **MELBOURNE, FL 32940**

DO NOT WRITE IN THIS SPACE



04032004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3505990	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
MCDANIEL, ANITA S
101 S COURTENAY PKWY
STE 102
MERRITT ISLAND, FL 32952

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SALAMIS, TERRY 4854 VERONA CIRCLE MELBOURNE, FL 32940
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KONSTANTINA, SALAMIS 4854 VERONA CIRCLE MELBOURNE, FL 32940
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 04/29/04-80054-023 150.00

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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: *Terry Salamis* 4/14/04 321 242 1093
 SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #