

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000043717

Entity Name: CAP'N BOZO, INC.

FILED  
Apr 07, 2009  
Secretary of State

## Current Principal Place of Business:

1300 MAIN STREET  
FT. MYERS BEACH, FL 33931

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 6189  
FT. MYERS BEACH, FL 33932

## New Mailing Address:

FEI Number: 65-0714506

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GALA, GEORGE  
7227 HENDRY CREEK DR.  
FT.MYERS, FL 33908 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: DP ( ) Delete  
Name: GALA, GEORGE  
Address: 7227 HENDRY CREEK DR.  
City-St-Zip: FT.MYERS, FL 33908

Title: DVP ( ) Delete  
Name: HENDERSON, DENNIS  
Address: 21251 CARTER ROAD  
City-St-Zip: ESTERO, FL 33920

Title: SD ( ) Delete  
Name: GALA, CHRISTINE  
Address: 7227 HENDRY CREEK DR  
City-St-Zip: FT MYERS, FL 33908

Title: TD ( ) Delete  
Name: HENDERSON, RANELL  
Address: 21251 CARTER ROAD  
City-St-Zip: ESTERO, FL 33920

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: DVP (X) Change ( ) Addition  
Name: HENDERSON, DENNIS  
Address: 21251 CARTER ROAD  
City-St-Zip: ESTERO, FL 33928

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

Title: TD (X) Change ( ) Addition  
Name: HENDERSON, RANELL  
Address: 21251 CARTER ROAD  
City-St-Zip: ESTERO, FL 33928

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: CHRISTINE GALA

SD

04/07/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date