
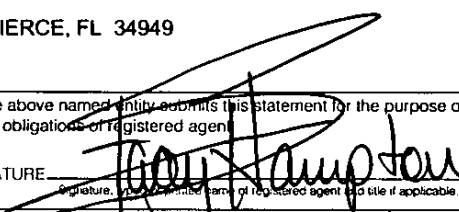
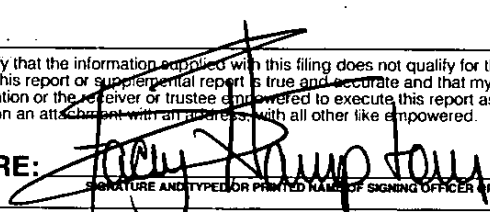


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 23, 2005 8:00 am
Secretary of State

05-23-2005 90007 027 ***150.00

DOCUMENT # P98000059044 1. Entity Name CAPTAIN JIM'S, INC.					
Principal Place of Business 1002 SEAWAY DRIVE FT PIERCE, FL 34949			Mailing Address 1002 SEAWAY DRIVE FT PIERCE, FL 34949		
2. Principal Place of Business 1911 NUS Hwy 1 Suite, Apt. #, etc.		3. Mailing Address 1911 NUS1 Suite, Apt. #, etc.			
City & State Fort Pierce FLA.		City & State Fort Pierce FLA.			
Zip 34946		Country USA		Zip 34946	
Country USA		4. FEI Number 65-0829721			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent HAMPTON, STACEY 1002 SEAWAY DRIVE # D FT PIERCE, FL 34949			7. Name and Address of New Registered Agent Name Stacey Hampton Street Address (P.O. Box Number is Not Acceptable) 1911 NUS1 City Fort Pierce FL Zip 34946		
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  DATE April 28 2005 <small>(NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HAMPTON, STACEY 1002 SEAWAY DR # D FORT PIERCE, FL 34949	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KOONTZ, JOAN 340 SILVER STREAM CIR FORT PIERCE, FL 34946	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HAMPTON, PAMELA 340 SILVER STREAM CIR FORT PIERCE, FL 34946	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HAMPTON, DAVID 340 SILVER STREAM CIR FORT PIERCE, FL 34946	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:  DATE April 28 2005 DAYTIME PHONE # 276-6606					