

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 05, 2004 8:00 am**  
**Secretary of State**

04-05-2004 90019 036 \*\*\*150.00

**DOCUMENT # P98000079242**

1. Entity Name

**CAPTAINS CHOICE CORPORATION**



Principal Place of Business

**744 MARINERS WAY  
BOYNTON BEACH FL 33435**

Mailing Address

**744 MARINERS WAY  
BOYNTON BEACH FL 33435**

**54026615**



MOORE CR2E034 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0772396**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HISLOP, RONALD M  
127 W PINETREE AVE  
LAKE WORTH FL 33435**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete  
NAME **HISLOP, KENNETH P**  
STREET ADDRESS **744 MARINERS WAY**  
CITY-ST-ZIP **BOYNTON BEACH FL 33435**

TITLE **VP** ☐ Delete  
NAME **HISLOP, MARGARET L F**  
STREET ADDRESS **744 MARINERS WAY**  
CITY-ST-ZIP **BOYNTON BEACH FL 33435**

TITLE **VP** ☐ Delete  
NAME **HISLOP, RONALD M**  
STREET ADDRESS **127 W PINETREE AVE**  
CITY-ST-ZIP **LAKE WORTH FL 33431**

TITLE **T** ☐ Delete  
NAME **HISLOP, KIM L**  
STREET ADDRESS **1050 CORAL RIDGE DRIVE APT. 203**  
CITY-ST-ZIP **CORAL SPRINGS FL 33071**

TITLE **S** ☐ Delete  
NAME **HISLOP, CYNTHIA**  
STREET ADDRESS **127 W PINETREE AVE**  
CITY-ST-ZIP **LAKE WORTH FL 33435**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME **Kim L. Hislop**  
STREET ADDRESS **7368 Pine Walk Drive**  
CITY-ST-ZIP **MARGATE, FL 33063**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**KENNETH P. HISLOP**

**3-23-04. 561-736-5970.**

Date

Daytime Phone #