


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 30, 2005 08:00 AM**  
**Secretary of State**

|   |  |                                 |  |  |  |
|---|--|---------------------------------|--|--|--|
| DOCUMENT # P98000079242   |  |                                 |  |   |  |
| 1. Entity Name<br><b>CAPTAINS CHOICE CORPORATION</b>  |  |                                 |  |  |  |
| Principal Place of Business<br><b>744 MARINERS WAY<br/>BOYNTON BEACH FL 33435</b>   |  |                                 | Mailing Address<br><b>744 MARINERS WAY<br/>BOYNTON BEACH FL 33435</b>  |  |  |
| 2. Principal Place of Business  |  | 3. Mailing Address              |  |  |  |
| Suite, Apt. #, etc.   |  | Suite, Apt. #, etc.             |  |  |  |
| City & State  |  | City & State                    |  | 4. FEI Number <b>65-0772396</b>  |  |
| Zip   |  | Country                         |  | <input type="checkbox"/> 5. Certificate of Status Desired <b>\$8.75 Additional Fee Required</b><br><input type="checkbox"/> Applied For<br><input type="checkbox"/> Not Applicable |  |
| 6. Name and Address of Current Registered Agent   |  |                                 | 7. Name and Address of New Registered Agent  |  |  |
| <b>HISLOP, RONALD M<br/>127 W PINETREE AVE<br/>LAKE WORTH FL 33435</b>  |  |                                 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div> |  |  |
| 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)<br><small>Signature, typed or printed name of registered agent and title if applicable</small>   |  |                                 |  |  |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2005 Fee Will Be \$550.00</b><br><b>Make Check Payable to Florida Department of State</b>   |  |                                 |  | 9. Election Campaign Financing <b>\$5.00 May Be</b><br>Trust Fund Contribution. <input type="checkbox"/> <b>Added to Fees</b>  |  |
| 10. OFFICERS AND DIRECTORS  |  |                                 | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <b>P</b><br><b>HISLOP, KENNETH P</b><br><b>744 MARINERS WAY</b><br><b>BOYNTON BEACH FL 33435</b>     | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <b>VP</b><br><b>HISLOP, MARGARET L F</b><br><b>744 MARINERS WAY</b><br><b>BOYNTON BEACH FL 33435</b> | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <b>VP</b><br><b>HISLOP, RONALD M</b><br><b>127 W PINETREE AVE</b><br><b>LAKE WORTH FL 33431</b>      | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <b>T</b><br><b>HISLOP, KIM L</b><br><b>7368 PINE WALK DRIVE</b><br><b>POMPANO BEACH FL 33063</b>     | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br><div style="text-align: right;"> <b>U000000281188</b><br/> <b>03/30/05-80051-007 150.00</b> </div>            |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <b>S</b><br><b>HISLOP, CYNTHIA</b><br><b>127 W PINETREE AVE</b><br><b>LAKE WORTH FL 33435</b>        | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  |  | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| 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: <u>Kenneth P. Hislop</u> <b>KENNETH P. HISLOP</b> <b>3/26/2005</b> <b>561-736-5970</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |  |                                 |  |  |  |