2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2007 08:00 A
Secretary of State

DOCUMENT # P98000079242

1. Entity Name
CAPTAINS CHOICE CORPORATION

Principal Place of Business	Mailing Address
744 MARINERS WAY BOYNTON BEACH, FL 33435	744 MARINERS WAY BOYNTON BEACH, FL 33435

03312007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0772396
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	HISLOP, KENNETH P
STREET ADDRESS	744 MARINERS WAY
CITY-ST-ZIP	BOYNTON BEACH, FL 33435
TITLE	VP
NAME	HISLOP, MARGARET L F
STREET ADDRESS	744 MARINERS WAY
CITY-ST-ZIP	BOYNTON BEACH, FL 33435
TITLE	VP
NAME	HILSOP, RONALD M
STREET ADDRESS	127 W PINETREE AVE
CITY-ST-ZIP	LAKEWORTH, FL 33431
TITLE	T
NAME	HILSOP, KIM L
STREET ADDRESS	7368 PINE WALK DRIVE
CITY-ST-ZIP	POMPANO BEACH, FL 33063
TITLE	S
NAME	HILSOP, CYNTHIA
STREET ADDRESS	127 W PINETREE AVE
CITY-ST-ZIP	LAKEWORTH, FL 33435
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: KENNETH P HISLOP PRESIDENT 4-1-07 561-596-8377
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #