

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000094244

Entity Name: CAPT. SCOTT B, INC.

FILED
Apr 29, 2005
Secretary of State

Current Principal Place of Business:

714 SCALLOP DR.
CAPE CANAVERAL, FL 32920

New Principal Place of Business:

Current Mailing Address:

P O BOX 1389
CAPE CANAVERAL, FL 32920

New Mailing Address:

700 CHASE HAMMOCK RD
MERRITT ISLAND, FL 32953

FEI Number: 59-3605014

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BATES, DWIGHT D
P O BOX 1389
CAPE CANAVERAL, FL 32920 US

Name and Address of New Registered Agent:

BATES, DWIGHT D
700 CHASE HAMMOCK RD
MERRITT ISLAND, FL 32953 US

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: DWIGHT D BATES

04/29/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BATES, DWIGHT D
Address: PO BOX 1389
City-St-Zip: CAPE CANAVERAL, FL 32920

Title: VD () Delete
Name: BATES, LISA A
Address: PO BOX 1389
City-St-Zip: CAPE CANAVERAL, FL 32920

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: BATES, DWIGHT D
Address: 700 CHASE HAMMOCK RD
City-St-Zip: MERRITT ISLAND, FL 32953

Title: VD (X) Change () Addition
Name: BATES, LISA A
Address: 700 CHASE HAMMOCK RD
City-St-Zip: MERRITT ISLAND, FL 32953

I hereby certify that the information supplied with this filing does not qualify for the 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 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: LISA A BATES

VD

04/29/2005

Electronic Signature of Signing Officer or Director

Date