

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # S68732

1. Entity Name
CAPT. JOE'S, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 JUL 21 AM 7:14

Principal Place of Business
712 ST. JOHNS AVE.
PALATKA FL 32178
US

Mailing Address
712 ST. JOHNS AVE.
PALATKA FL 32178
US



MOORE CR2E034 (4/04)

2. Principal Place of Business

3. Mailing Address

712 St. Johns Ave

712 St. Johns Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Palatka FL

City & State
Palatka FL

Zip
32177

Country

Zip
32177

Country

4. FEI Number 59-3104478

Applied For
Not Applicable

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

KOHUTH, R. T.
712 1/2 ST JOHN'S AVE
E PALATKA FL 32177

Name KOHUTH, R. T.
Street Address (P.O. Box Number is Not Acceptable)
712 St. Johns Ave
City Palatka FL Zip Code 32177

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 R. T. Kohuth

7.14.04

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00
DUE BY September 8, 2004
Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☒

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME KOHUTH, R T
STREET ADDRESS 123 ELISE DR
CITY-ST-ZIP E PALATKA FL 32131

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 712 St. Johns Ave
CITY-ST-ZIP Palatka, FL 32177

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
000039572060
07/27/04--01063--008 **150.00

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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 I am empowered.

SIGNATURE: R. T. Kohuth

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7.14.04 386-312-8338

Date

Daytime Phone #

7/21/04