

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V50054

FILED
Apr 01, 2009
Secretary of State

Entity Name: CAPT'N FUN RUNNERS, INC.

Current Principal Place of Business:

1014 VIA DE LUNA DR
PENSACOLA BEACH, FL 32561

New Principal Place of Business:

Current Mailing Address:

1014 VIA DE LUNA DR
PENSACOLA BEACH, FL 32561

New Mailing Address:

FEI Number: 59-2959002

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WINDHAM, WILLIAM G
1014 VIA DE LUNA DR
PENSACOLA BEACH, FL 32561 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: WINDHAM, WILLIAM G
Address: 1014 VIA DE LUNA DR
City-St-Zip: PENSACOLA BEACH, FL 32561

Title: DV () Delete
Name: GRABOWSKI, JEAN
Address: 902 LARGO DR
City-St-Zip: PENSACOLA BEACH, FL 32561

Title: DV () Delete
Name: HEADLEY, STEVE
Address: 116 NORWICK DR
City-St-Zip: GULF BREEZE, FL 32561

Title: DS () Delete
Name: BATTLES, CAROL
Address: 1532 BAY WOOD RD
City-St-Zip: GULF BREEZE, FL 32561

Title: DT () Delete
Name: WINDHAM, NANCY
Address: 1014 VIA DE LUNA DR
City-St-Zip: PENSACOLA BEACH, FL 32561

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DV (X) Change () Addition
Name: MAYGARDEN, RANDY
Address: POB 934
City-St-Zip: PENSACOLA, FL 32591

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DT (X) Change () Addition
Name: GRAVES, JOHNNY
Address: 1425 BAHIA DR
City-St-Zip: NAVARRE, FL 32566

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: WILLIAM G WINDHAM

PRES

04/01/2009

Electronic Signature of Signing Officer or Director

Date