


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 10, 2005 8:00 am**  
**Secretary of State**

03-10-2005 90165 010 \*\*\*150.00

<b>DOCUMENT # H69244</b> 1. Entity Name FPL GROUP CAPITAL INC	
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Principal Place of Business ATTN: DENNIS P. COYLE, 700 UNIVERSE BLVD P.O. BOX 14000 JUNO BCH, FL 33408 US	Mailing Address ATTN: DENNIS P. COYLE, 700 UNIVERSE BLVD P.O. BOX 14000 JUNO BCH, FL 33408 US
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**50024776**



02022005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-2576416	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

LEON, J E  
9250 W. FLAGLER ST.  
MIAMI, FL 33174

**DO NOT WRITE IN THIS SPACE**

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) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

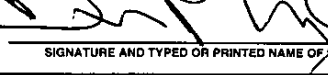
**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPC HAY, LEWIS III 700 UNIVERSE BLVD. JUNO BEACH, FL 33408
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVC DEWHURST, MORAY P 700 UNIVERSE BLVD. JUNO BEACH, FL 33408
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTAS CUTLER, PAUL I 700 UNIVERSE BLVD. JUNO BEACH, FL 33408
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S COYLE, DENNIS P 700 UNIVERSE BLVD. JUNO BEACH, FL 33408
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C DAVIS, K.M. 700 UNIVERSE BLVD. NORTH PALM BEACH, FL 33408
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS TANCER, EDWARD F 700 UNIVERSE BLVD JUNO BEACH, FL 33408

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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:**  **Dennis P. Coyle** **02/07/05** **(561) 694-4644**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #