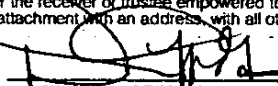


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90973 018 ****70.00

DOCUMENT # N00000007987 1. Entity Name CAPFA CAPITAL CORP.2000F					
Principal Place of Business 99 RIVERSIDE DR. MOORE HAVEN, FL 33471			Mailing Address PO BOX 60674 FT MYERS, FL 33906 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 65-1057470				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☒				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BENNETT, PHILIP C 3949 EVANS AVENUE, SUITE 402 FORT MYERS, FL 33901			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____		
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) Signature, typed or printed name of registered agent and title if applicable. DATE _____					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D ☐ Delete		TITLE	☐ Change ☐ Addition	
NAME	MC GEE, DAVE		NAME		
STREET ADDRESS	300 RAILROAD AVE.		STREET ADDRESS		
CITY-ST-ZIP	MOORE HAVEN, FL 33471		CITY-ST-ZIP		
TITLE	D ☒ Delete		TITLE	D ☐ Change ☒ Addition	
NAME	HARRIS, R.G.		NAME	Roberts, Lawrence	
STREET ADDRESS	300 RAILROAD AVE.		STREET ADDRESS	403 Ave S PO Box 12	
CITY-ST-ZIP	MOORE HAVEN, FL 33471		CITY-ST-ZIP	Moore Haven, FL 33471	
TITLE	D ☐ Delete		TITLE	☐ Change ☐ Addition	
NAME	AHERN, JOHN		NAME		
STREET ADDRESS	385 AVE L PO BOX 176		STREET ADDRESS		
CITY-ST-ZIP	MOORE HAVEN, FL 33471		CITY-ST-ZIP		
TITLE	D ☐ Delete		TITLE	☐ Change ☐ Addition	
NAME	OGLETREE, HARRY H		NAME		
STREET ADDRESS	242 AVE. K, P. O. BOX 572		STREET ADDRESS		
CITY-ST-ZIP	MOORE HAVEN, FL 33471		CITY-ST-ZIP		
TITLE	D ☐ Delete		TITLE	☐ Change ☐ Addition	
NAME	WHIDDEN, BRETT		NAME		
STREET ADDRESS	657 AVE O PO BOX 967		STREET ADDRESS		
CITY-ST-ZIP	MOORE HAVEN, FL 33471		CITY-ST-ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or by an attachment with an address, with all other like empowered.					
SIGNATURE:  DAVE MCGEE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date _____ Daytime Phone # _____					