

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000032474

FILED  
Apr 18, 2011  
Secretary of State

**Entity Name:** RALPH'S PLACE OF CAPE CORAL, INC.

**Current Principal Place of Business:**

RALPH'S PLACE  
1305 CAPE CORAL PKWY  
CAPE CORAL, FL 33904 US

**New Principal Place of Business:**

**Current Mailing Address:**

RALPH'S PLACE  
1305 CAPE CORAL PKWY  
CAPE CORAL, FL 33904 US

**New Mailing Address:**

**FEI Number:** 65-0574558

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MICHAEL AND JOAN STEVENS  
4332 COUNTRY CLUB BLVD  
CAPE CORAL, FL 33904 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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: STEVENS, JOAN  
Address: 4332 COUNTRY CLUB BLVD  
City-St-Zip: CAPE CORAL, FL 33904

Title: VPT  
Name: STEVENS, MICHAEL E  
Address: 4332 COUNTRY CLUB BLVD  
City-St-Zip: CAPE CORAL, FL 33904

I hereby 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 all other like empowered.

SIGNATURE: MICHAEL E STEVENS

VP

04/18/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date