


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2008 08:00 AM
Secretary of State

DOCUMENT # P97000037343

1. Entity Name
 CACURI, INC.



Principal Place of Business
 2640-A MITCHAM DRIVE
 TALLAHASSEE, FL 32308

Mailing Address
 2640-A MITCHAM DRIVE
 TALLAHASSEE, FL 32308



01072008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
 59-3444671

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

CARROLL, FREDERICK III
 2640-A MITCHAM DRIVE
 TALLAHASSEE, FL 32308

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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 _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	CARROLL, FREDERICK III
STREET ADDRESS	520 SHORT ST
CITY-ST-ZIP	TALLAHASSEE, FL 32308
TITLE	VD
NAME	DUPREE, ABBY F
STREET ADDRESS	3686 LONGFELLOW ROAD
CITY-ST-ZIP	TALLAHASSEE, FL 32311
TITLE	ST
NAME	BROTHERS, KATHLEEN E
STREET ADDRESS	3748 BILTMORE AVENUE
CITY-ST-ZIP	TALLAHASSEE, FL 32311
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

000000788627
 01/18/08-80049-005-150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: [Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 1-18-08 Daytime Phone #: (850) 877-0099