

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000014479

Entity Name: CAPPSLAND MANAGEMENT AND TRUCKING, INC.**Current Principal Place of Business:**8719 W. BEAVER STREET
JACKSONVILLE, FL 32220**Current Mailing Address:**8719 W. BEAVER STREET
JACKSONVILLE, FL 32220 US**FEI Number: 26-1986522****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**CAPPS, APRIL
8719 W. BEAVER STREET
JACKSONVILLE, FL 32220 US*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**Officer/Director Detail :**

Title	PRES
Name	CAPPS, JOANN
Address	8719 W. BEAVER STREET
City-State-Zip:	JACKSONVILLE FL 32220

Title	TRES
Name	CAPPS, JOANN
Address	8719 W. BEAVER STREET
City-State-Zip:	JACKSONVILLE FL 32220

Title	SECT
Name	CAPPS, JOANN
Address	8719 W. BEAVER STREET
City-State-Zip:	JACKSONVILLE FL 32220

Title	DIR
Name	CAPPS, JOANN
Address	8719 W. BEAVER STREET
City-State-Zip:	JACKSONVILLE FL 32220

Title	DIR
Name	CAPPS, APRIL
Address	8719 W. BEAVER STREET
City-State-Zip:	JACKSONVILLE FL 32220

Title	DIR
Name	CAPPS, STACEY
Address	8719 W. BEAVER STREET
City-State-Zip:	JACKSONVILLE FL 32220

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: JOANN CAPPS**PRESIDENT****04/30/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date