


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**

**Apr 25, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # 148029 1. Entity Name CAPITAL SQUARE BUILDING INC.	
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Principal Place of Business 700 N CALHOUN ST SUITE B-4 TALLAHASSEE, FL 32303	Mailing Address 700 N CALHOUN ST SUITE B-4 TALLAHASSEE, FL 32303
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04232006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-0551288	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  JOANOS, PAUL E 3120 FIELDSTONE LN. TALLAHASSEE, FL 32308	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

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

U000000533402

05/06/06-80121-024 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V JOANOS, KALLIOPI S. 626 VONCILE AVENUE TALLAHASSEE, FL 32303
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JOANOS, PAUL E. 3120 FIELDSTONE LANE TALLAHASSEE, FL 32308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KYPRROS, STANLEY T 1500 S. MERIDIAN ST TALLAHASSEE, FL 32302
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOANOS, STAMATIA 1417 GOODWOOD COURT TALLAHASSEE, FL 32308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:** Paul E. Joanos **4/24/04** **888-386-1623**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #