
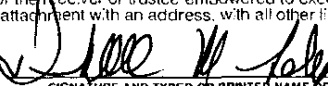


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2004 8:00 am
Secretary of State

01-08-2004 90051 009 ***150.00

DOCUMENT # 298714					
1. Entity Name KAPSEL INC					
Principal Place of Business 1065 S FLORIDA AVE LAKELAND, FL 33803 US			Mailing Address 2928 REDWOOD AVE. LAKELAND, FL 33803		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	01052004 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent				4. FEI Number	
SELIG, ISAAC M 2928 REDWOOD AVE. LAKELAND, FL 33803				59-1160761	
7. Name and Address of New Registered Agent				Applied For	
				Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Name				City	
Street Address (P.O. Box Number is Not Acceptable)				FL Zip Code	
City					
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 _____ DATE _____					
<small>Signature, typed or printed name of registered agent and filer (Approver). (NOTE: Registered Agent signature required when re-electing)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	SELIG, ISAAC M	NAME			
STREET ADDRESS	2928 REDWOOD AVE.	STREET ADDRESS			
CITY-ST-ZIP	LAKELAND, FL 33803	CITY-ST-ZIP			
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	SELIG, SARA	NAME			
STREET ADDRESS	2928 REDWOOD AVE	STREET ADDRESS			
CITY-ST-ZIP	LAKELAND, FL 33803	CITY-ST-ZIP			
TITLE	SH <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	WOLF, EDITH	NAME			
STREET ADDRESS	2673 EAGLE RIDGE RD.	STREET ADDRESS			
CITY-ST-ZIP	MARIETTA, GA 30062	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	KAPLAN, GAIL	NAME			
STREET ADDRESS	23 HEMINGWAY DR	STREET ADDRESS			
CITY-ST-ZIP	SAVANAH, GA 31411	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> 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 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 		ISAAC M. SELIG ^{FOR} KAPSEL		1-6-2004	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

PAID with check # 2617