


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 02, 2005 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # 361433 1. Entity Name KAPUS REALTY INC |  |
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|--|--|
| Principal Place of Business 442 MAGNOLIA AVE #11 MERRITT ISLAND FL 32952 | Mailing Address 442 MAGNOLIA AVE #11 MERRITT ISLAND FL 32952 |
|--|--|



| | | |
|--------------------------------|---------------------|---------|
| 2. Principal Place of Business | 3. Mailing Address | |
| Suite, Apt. #, etc | Suite, Apt. #, etc. | |
| City & State | City & State | |
| Zip | Country | Zip |
| | | Country |

1st MOORE CR2E034 (10/04)

| | |
|--|--|
| 6. Name and Address of Current Registered Agent FINNEY, PHILLIP W. 436 MAGNOLIA AVENUE MERRITT ISLAND FL 32952 | 7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____ |
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| 4. FEI Number 59-1162583 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD FINNEY, WALLACE L 451 A MAGNOLIA AVE MERRITT ISLAND FL <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition U00000350757 05/02/05-80118-009 150.00 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PST FINNEY, PHILLIP W. 436 MAGNOLIA AVENUE MERRITT ISLAND FL <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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: *Phillip W. Finney* 4/29/05 301-453-3030
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #