

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 455158

FILED
Jan 24, 2008
Secretary of State

Entity Name: DOUGLAS CAPITAL MANAGMENT, INC.

Current Principal Place of Business:

814 HWY A1A NORTH
SUITE 201
PONTE VEDRA BEACH, FL 32082 US

New Principal Place of Business:

Current Mailing Address:

814 HWY A1A NORTH
SUITE 201
PONTE VEDRA BEACH, FL 32082 US

New Mailing Address:

FEI Number: 59-1559296 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DOUGLAS, JAMES A
814 HWY A1A NORTH
SUITE 201
JACKSONVILLE, FL 32082 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CD () Delete
Name: DOUGLAS, G BRUCE
Address: 814 HWY A1A NORTH
City-St-Zip: PONTE VEDRA BEACH, FL

Title: PD () Delete
Name: DOUGLAS, CHRISTOPHER,
Address: 814 HWY A1A NORTH
City-St-Zip: PONTE VEDRA BEACH, FL

Title: VDTS (X) Delete
Name: DOUGLAS, JAMES A.
Address: 814 HWY A1A NORTH
City-St-Zip: PONTE VEDRA BEACH, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CD (X) Change () Addition
Name: DOUGLAS, CHRISTOPHER
Address: 814 HWY A1A NORTH
City-St-Zip: PONTE VEDRA BEACH, FL

Title: PD (X) Change () Addition
Name: DOUGLAS, JAMES,
Address: 814 HWY A1A NORTH
City-St-Zip: PONTE VEDRA BEACH, FL

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JAMES DOUGLAS

PD

01/24/2008

Electronic Signature of Signing Officer or Director

_____ Date