


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 31, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 456449</b> 1. Entity Name CAPO, INC.	
--	---

Principal Place of Business 2 SUNSHINE BLVD ORMOND BEACH, FL 32174 US	Mailing Address P.O. DRAWER 730429 ORMOND BEACH, FL 32173-0429 US
---	---

**DO NOT WRITE IN THIS SPACE**



03172004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1741005	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

ASCIK, MARK A.  
2 SUNSHINE BLVD.  
ORMOND BEACH, FL 32174

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	DATE 03/31/04-80036-016 150.00
---	--	-----------------------------------

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ASCIK, MARK 253 JOHN ANDERSON DR ORMOND BEACH, FL 32174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LANDORF, C. DUKE 23 FOXFORDS CHASE ORMOND BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GRINDLE, DON W. 1500 N BEACH ST ORMOND BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HEWITT, JOHN M. III 9 SEA DRIFT TERRACE ORMOND BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ASCIK, STEVE 4109 PIUTE LN ORMOND BEACH, FL 32174
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 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: C. Duke Landorf C. DUKE LANDORF 3-17-04 386-673-4966

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #