2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2005
Secretary of State

DOCUMENT# 768327

Entity Name: C.A.P., INC.

Current Principal Place of Business:

401 E MARTIN LUTHER KING DR
TARPON SPRINGS, FL 34689 US

New Principal Place of Business:

Current Mailing Address:

401 E MARTIN LUTHER KING DR
TARPON SPRINGS, FL 34689 US

New Mailing Address:

FEI Number: 59-2299047 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ARCHIE, DAVID O
401 E MARTIN LUTHER KING DR
TARPON SPRINGS, FL 34689 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

OFFICERS AND DIRECTORS:

Title:	VD	( ) Delete
Name:	ROBERTS, LINDA	
Address:	401 MEADOW	
City-St-Zip:	OLDSMAR, FL	
Title:	SD	( ) Delete
Name:	TAYLOR, MAGGIE	
Address:	518 S DISSTON AVE	
City-St-Zip:	TARPON SPRINGS, FL	
Title:	TD	( ) Delete
Name:	GADSON, GALE	
Address:	506 E. BOYER ST	
City-St-Zip:	TARPON SPRINGS, FL 34689	
Title:	PR	( ) Delete
Name:	COLE, ED L SR	
Address:	40347 US HWY 19 N #107	
City-St-Zip:	TARPON SPRINGS, FL 34689 US	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID O. ARCHIE ED 03/15/2005

Electronic Signature of Signing Officer or Director — Date