

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 768327

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

FILED
Apr 07, 2006
Secretary of State

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: PR (X) Change () Addition
Name: COLE, ED L SR
Address: 430 HISBISCUS STREET APT. D
City-St-Zip: TARPON SPRINGS, FL 34689 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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

E.D.

04/07/2006

Electronic Signature of Signing Officer or Director

Date