

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 768327

**FILED**  
**Apr 21, 2011**  
**Secretary of State**

**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: PRES  
Name: PLUNKETT, ALLEN  
Address: 1004 ROSETREE LANE  
City-St-Zip: TARPON SPRINGS, FL 34689 US

Title: SD  
Name: COLEMAN, ANTOINETTE  
Address: 2012 FERN RIDGE COURT  
City-St-Zip: TARPON SPRINGS, FL 34689 US

Title: TD  
Name: MCKONE, TOM  
Address: 2880 DEAR RUN  
City-St-Zip: PALM HARBOR, FL 34684 US

Title: VP  
Name: PORTER, DIANE  
Address: 601 MERES BLVD  
City-St-Zip: TARPON SPRINGS, FL 34689 US

I hereby 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 all other like empowered.

**SIGNATURE:** DAVID O. ARCHIE

ED

04/21/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date