

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000005226

Entity Name: CAPHATS, INC.

FILED
Mar 10, 2009
Secretary of State

Current Principal Place of Business:

5053 OCEAN BLVD.
SARASOTA, FL 34242

New Principal Place of Business:

Current Mailing Address:

5053 OCEAN BLVD.
SARASOTA, FL 34242

New Mailing Address:

FEI Number: 52-2237507

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCKNIGHT, ROBERT H
5053 OCEAN BLVD.
SARASOTA, FL 34242 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: PCD () Delete
Name: MCKNIGHT, ROBERT
Address: 5053 OCEAN BLVD.
City-St-Zip: SARASOTA, FL 34242

Title: SD () Delete
Name: MCKNIGHT, JEREMY
Address: 17 HATCH RD.
City-St-Zip: FALMOUTH, MA 02540

Title: VTD () Delete
Name: MCKNIGHT, ANDREA
Address: 97 GREATON RD., APT. 1
City-St-Zip: W. ROXBURY, MA 02132

Title: V () Delete
Name: MCKNIGHT JR, ROBERT H
Address: 1517 PENNSYLVANIA AVE., APT. 10
City-St-Zip: MIAMI BEACH, FL 33139

Title: D () Delete
Name: RINEY, MICHAEL
Address: 256 BISHOPS FOREST DR.
City-St-Zip: WALTHAM, MA 02452

Title: D () Delete
Name: MARTIN, MILLER
Address: 38 DURFEE DR.
City-St-Zip: E. FALMOUTH, MA 02536

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
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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 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: ROBERT H MCKNIGHT

PRES

03/10/2009

Electronic Signature of Signing Officer or Director

Date