


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 09, 2005 08:00 AM
Secretary of State

DOCUMENT # F00000006397 1. Entity Name FLORIDA CAPITAL PARTNERS, INC.	
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Principal Place of Business 101 E. KENNEDY BLV., #3925 TAMPA, FL 33602	Mailing Address 101 E. KENNEDY BLV., #3925 TAMPA, FL 33602
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DO NOT WRITE IN THIS SPACE



04012005 No Chg-P CR2E034 (10/03)

4. FEI Number 52-2275355	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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B. Name and Address of Current Registered Agent

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331

**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 reappointing) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	POD FRANZ, PETER B 101 E. KENNEDY BLV., #3925 TAMPA, FL 33602
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAS OKEN, GLENN B 101 E. KENNEDY BLV., #3925 TAMPA, FL 33602
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD WONG, FELIX J 101 E. KENNEDY BLV., #3925 TAMPA, FL 33602
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD MALIZIA, DAVID J 101 E. KENNEDY BLV., #3925 TAMPA, FL 33602
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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04/09/05-80044-007 150.00

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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: Peter B. Franz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/05

813-222-8000
Daytime Phone #