2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 10, 2008 8:00 am Secretary of State

DOCUMENT # F02000003696 1. Entity Name FIRST CAPITAL SURETY & TRUST COMPANY					03-10-2008	90069 042 ***158	3.75	
Principal Place of Business		Mailing Address	-					
6010 SOUTH MINNESOTA AVE.		230 W. WELLS ST.						
SUITE 208		SUITE 402		Į.				
SIOUX FALLS, SD 57101		MILWAUKEE, WI 53211			4010 3011 0011 0011 0	EDNOBENI ERRET JUH TUKA INKA AK		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03042008	Chg-P	CR2E034 (12/06)		
City & State		City & State		4. FEI Numbe 41-192		No	plied For t Applicable	
Zip Country		Zip	Country	5. Certificate	of Status Desired	\$8.75 Add		
<u> </u>	6. Name and Address of Current	Pagistared Agent		7 Name and	Address of New	Registered Agent	-	
	V. Name and Address of Current	Registered Agent	Name	1. Nume and	Address of Non	- Tagistore - Agent	 .	
ROBINS, CORY S ESQ.								
SHERIDAN HILLS PROFESSIONAL PLAZA 4030 C SHERIDAN STREET HOLLYWOOD, FL 33021			Street Add	dress (P.O. Box Numbe	er is Not Acceptab		<u>.</u>	
HOLLIVE	JOD, FL 33021		-			□ Zip Code		
		City			FL Zip Code			
	e named entity submits this statement fo tions of registered agent.	r the purpose of changing its	registered office or r	egistered agent, or bot	th, in the State of F	Florida. 1 am familiar with,	and accept	
SIGNATURE.	Signature, typed or printed name of registered agent	41075				DATE		
	Signature, typed or privated rainte or registered agent	and the trappicable. (NOTE	Registered Agent signature	s redoiled with Library (1973)				
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.0	9. Election Campai Trust Fund Contr		\$5.00 May Be Added to Fees				
10.	OFFICERS AND	DIRECTORS	11.		CHANGES TO OF	FICERS AND DIRECTORS	· /	
TITLE	D	☐ Delete	TITLE	President	malai Sias	☐ Change	Addition	
NAME CYDEET ADDRESS	KADISH, STEPHEN L		NAME	Heprien C	Dr presuc	7-400	•	
STREET ADDRESS CITY-ST-2IP	1717 E. NINTH ST. #2112 CLEVELAND, OH 44114		STREET ADDRESS CITY-ST-ZIP	Stephen C 230 W. We Milwank	us or c	675003		
TITLE	D	Delete	TITLE	MILLIMIA		□ Change	☐ Addition	
NAME	MAGUIRE, FRANK P	☐ Delete	NAME			Onenge	□ Modition	
STREET ADDRESS	230 W. WELLS ST., STE. 402		STREET ADDRESS					
CITY-ST-ZIP	MILWAUKEE, WI 53203		CITY-ST-ZIP					
TITLE	ST	☐ Delete	TITLE			☐ Change	☐ Addition	
NAME	MAGUIRE, DIANE R		NAME				-	
STREET ADDRESS	230 W. WELLS ST., STE. 402		STREET ADDRESS					
CITY-ST-ZIP	· ·							
	MILWAUKEE, WI 53203		CITY-ST-ZIP	····				
TITLE	MILWAUKEE, WI 53203	☐ Delete	TITLE			☐ Change	☐ Addition	
NAME	MILWAUKEE, WI 53203 D KAINE, GARY H		TITLE NAME				☐ Addition	
NAME STREET ADDRESS	MILWAUKEE, WI 53203 D KAINE, GARY H 16112 SPILLMAN RANCH LOOF		TITLE NAME STREET ADDRESS				Addition	
NAME STREET ADDRESS CITY-ST-ZIP	MILWAUKEE, WI 53203 D KAINE, GARY H 16112 SPILLMAN RANCH LOOF BEE CAVE, TX 73738	, 	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change		
NAME STREET ADDRESS	MILWAUKEE, WI 53203 D KAINE, GARY H 16112 SPILLMAN RANCH LOOF		TITLE NAME STREET ADDRESS				Addition	
NAME STREET ADDRESS CITY-ST-ZIP TITLE	MILWAUKEE, WI 53203 D KAINE, GARY H 16112 SPILLMAN RANCH LOOF BEE CAVE, TX 73738 D	, 	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE			Change		
NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME	MILWAUKEE, WI 53203 D KAINE, GARY H 16112 SPILLMAN RANCH LOOF BEE CAVE, TX 73738 D DUMAS, JERRY C	, 	TITLE NAME STREET AOORESS CITY-ST-ZIP TITLE NAME			Change		
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	MILWAUKEE, WI 53203 D KAINE, GARY H 16112 SPILLMAN RANCH LOOF BEE CAVE, TX 73738 D DUMAS, JERRY C 113 TIMBERLINE ROAD	, 	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS			Change		
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	MILWAUKEE, WI 53203 D KAINE, GARY H 16112 SPILLMAN RANCH LOOF BEE CAVE, TX 73738 D DUMAS, JERRY C 113 TIMBERLINE ROAD	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition .	
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NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	MILWAUKEE, WI 53203 D KAINE, GARY H 16112 SPILLMAN RANCH LOOF BEE CAVE, TX 73738 D DUMAS, JERRY C 113 TIMBERLINE ROAD	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition Addition	

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR