


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 29, 2005 8:00 am**  
**Secretary of State**

03-29-2005 90016 018 \*\*\*150.00

|  |  |  |  |   |  |
|--|--|--|--|---|--|
| <b>DOCUMENT # F03000000806</b><br>1. Entity Name<br><b>CAPITOL DEVELOPMENT OF ARKANSAS, INC.</b>   |  |  |  |  |  |
| Principal Place of Business<br><b>7100 W CAMINO REAL<br/>SUITE 402<br/>BOCA RATON FL 33433</b>   |  |  | Mailing Address<br><b>7100 W CAMINO REAL<br/>SUITE 402<br/>BOCA RATON FL 33433</b>   |   |  |
| 2. Principal Place of Business<br><br>Suite, Apt. #, etc.  |  |  | 3. Mailing Address<br><br>Suite, Apt. #, etc.  |   |  |
| City & State<br><br>Zip      Country   |  |  | City & State<br><br>Zip      Country   |   |  |
| 4. FEI Number <b>75-2528276</b>  |  |  |  | Applied For<br><input type="checkbox"/> Not Applicable                            |  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |  |  |  | <b>\$8.75 Additional Fee Required</b>   |  |
| 6. Name and Address of Current Registered Agent<br><br><b>BRANDON-BROWN, ELIZABETH<br/>BRANDON-BROWN P.C.<br/>045 LA FONTANA SUITE B-1<br/>BOCA RATON FL 33434</b>   |  |  | 7. Name and Address of New Registered Agent<br>Name<br><b>Ashley Bloom</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>c/o Capitol Development of Arkansas</b><br><b>7100 W. Camino Real Blvd #402</b><br>City <b>Boca Raton</b> <b>FL</b> Zip Code <b>33433</b> |   |  |
| 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 _____ <b>Ashley Bloom</b> <b>2/24/05</b><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small>  |  |  |  |   |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2005 Fee Will Be \$550.00</b><br><b>Make Check Payable to Florida Department of State</b>  |  |  | 9. Election Campaign Financing <b>\$5.00 May Be</b><br>Trust Fund Contribution. <input type="checkbox"/> <b>Added to Fees</b>  |   |  |
| 10. OFFICERS AND DIRECTORS   |  |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>D</b><br><b>TODD, MICHAEL G</b><br><b>10605 MAUMELLE BLVD., #C</b><br><b>MAUMELLE AR 72113</b>          | <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>PS</b><br><b>BLOOM, ASHLEY</b><br><b>7100 W. CAMINO REAL SUITE 402</b><br><b>BOCA RATON FL 33433</b>    | <input type="checkbox"/> Delete            | <b>DPS</b><br><b>Bloom, Ashley</b><br><b>7100 W. Camino Real Blvd #402</b><br><b>Boca Raton, FL 33433</b>  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>D</b><br><b>LE GAULT, DONALD</b><br><b>7100 W. CAMINO REAL, SUITE 402</b><br><b>BOCA RATON FL 33433</b> | <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | (Empty)  | <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | (Empty)  | <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | (Empty)  | <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| 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: _____ <b>2/24/05</b> <b>(901) 419-7115</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #</small><br><b>Ashley Bloom, President</b>  |  |  |  |   |  |