

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 05, 2006 8:00 am**  
**Secretary of State**

05-05-2006 90166 014 \*\*\*158.75

**DOCUMENT # F03000000806**

1. Entity Name

CAPITOL DEVELOPMENT OF ARKANSAS, INC.



Principal Place of Business

7100 W CAMINO REAL  
SUITE 402  
BOCA RATON FL 33433

Mailing Address

7100 W CAMINO REAL  
SUITE 402  
BOCA RATON FL 33433



2. Principal Place of Business

6600 W. ROGERS CIRCLE

Suite, Apt. #, etc.

Suite # 14

City & State

BOCA RATON

FL

Zip 33487

Country

USA

3. Mailing Address

6600 W. ROGERS CIRCLE

Suite, Apt. #, etc.

Suite # 14

City & State

BOCA RATON

FL

Zip 33487

Country

USA

1st MOORE

CR2E034 (10/05)

4. FEI Number

75-2528276

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

BLOOM, ASHLEY  
C/O CAPITOL DEVELOPMENT OF ARKANSAS  
7100 W CAMINO REAL BLVD #402  
BOCA RATON FL 33434

7. Name and Address of New Registered Agent

Name

BLOOM, ASHLEY

Street Address (P.O. Box Number is Not Acceptable)

6600 W. ROGERS CIRCLE

SUITE # 14

City

BOCA RATON

FL

Zip Code

33487

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reconstituting)

DATE

Ashley Bloom

04/24/06

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2006 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DPSS ☐ Delete  
NAME BLOOM, ASHLEY  
STREET ADDRESS 7100 W. CAMINO REAL SUITE 402  
CITY-ST-ZIP BOCA RATON FL 33433

TITLE D ☒ Delete  
NAME LE GAULT, DONALD  
STREET ADDRESS 7100 W. CAMINO REAL, SUITE 402  
CITY-ST-ZIP BOCA RATON FL 33433

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DPSS ☒ Change ☐ Addition  
NAME BLOOM, ASHLEY  
STREET ADDRESS 6600 W. ROGERS CIRCLE SUITE # 14  
CITY-ST-ZIP BOCA RATON FL- 33487

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Change ☒ Addition  
NAME BLOOM, HOWARD  
STREET ADDRESS 6600 W. ROGERS CIRCLE SUITE # 14  
CITY-ST-ZIP BOCA RATON, FL- 33487

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

Ashley Bloom

04/24/06

Date

(561) 417-7115

Daytime Phone #