

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 09, 2007 8:00 am
Secretary of State

05-09-2007 90106 025 ***150.00

DOCUMENT # F03000000806

1. Entity Name
CAPITOL DEVELOPMENT OF ARKANSAS, INC.



Principal Place of Business
**6600 WEST ROGERS CIR
SUITE 14
BOCA RATON, FL 33487**

Mailing Address
**6600 WEST ROGERS CIR
SUITE 14
BOCA RATON, FL 33487**

2. Principal Place of Business - No P.O. Box #
1801 Clint Moose Rd

3. Mailing Address
1801 Clint Moose Rd

Suite, Apt. #, etc.
217

Suite, Apt. #, etc.
217

City & State
Boca Raton, FL

City & State
Boca Raton, FL

Zip
33487

Country

Zip
33487

Country

04102007 Chg-P CR2E034 (12/06)

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
6600 WEST ROGERS CIR
SUITE 14
BOCA RATON, FL 33487**

Name

BLOOM, ASHLEY

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

1801 Clint Moose Rd # 217

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 reinstating)

DATE

04/11/07

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DPSS
BLOOM, ASHLEY
6600 WEST ROGERS CIR SUITE 14
BOCA RATON, FL 33487** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DPSS
BLOOM, ASHLEY
1801 Clint Moose Rd # 217
Boca Raton FL-33487** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
BLOOM, HOWARD
6600 WEST ROGERS CIR SUITE 14
BOCA RATON, FL 33487** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
BLOOM, HOWARD
1801 Clint Moose Rd # 217
Boca Raton FL-33487** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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CITY-ST-ZIP
☐ Change ☐ Addition

12. 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

04/11/07 (561) 912-0029

Date

Daytime Phone #