

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 14, 2008 08:00 A  
Secretary of State

DOCUMENT # F06000001590

1. Entity Name  
CAP CONSTRUCTION, INC.



Principal Place of Business  
21500 HAGGERTY ROAD  
SUITE 100  
NORTHVILLE, MI 48167

Mailing Address  
21500 HAGGERTY ROAD  
SUITE 100  
NORTHVILLE, MI 48167



01092008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
38-3033764

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

CARROLL, WILLIAM G  
C/O PENSION ASSET MANAGEMENT, INC.  
101 NE THIRD AVENUE, SUITE 1500  
FORT LAUDERDALE, FL 33301

**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

*Gene S. Thompson*  
Gene S. Thompson, Vice President

1/10/08  
DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE PC  
NAME CAPOZZOLI, JOSEPH L  
STREET ADDRESS 21500 HAGGERTY ROAD, SUITE 100  
CITY-ST-ZIP NORTHVILLE, MI 48167

TITLE V  
NAME THOMPSON, GENE S  
STREET ADDRESS 21500 HAGGERTY ROAD, SUITE 100  
CITY-ST-ZIP NORTHVILLE, MI 48167

TITLE S  
NAME BURT, KATHLEEN  
STREET ADDRESS 21500 HAGGERTY ROAD, SUITE 100  
CITY-ST-ZIP NORTHVILLE, MI 48167

TITLE T  
NAME CAPOZZOLI, PAMELA  
STREET ADDRESS 21500 HAGGERTY ROAD, SUITE 100  
CITY-ST-ZIP NORTHVILLE, MI 48167

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000782287  
01/15/08-80068-013 150.00

**DO NOT WRITE  
IN THIS SPACE**

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:

*Gene S. Thompson* Vice President  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/08  
Date

(248)305-8900  
Daytime Phone #