2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000005377

Entity Name: CAPITOL CITY SKYDIVING INC.

FILED Feb 02, 2008 Secretary of State

Current P	rincipal Place	of Business:	New Principal Place of Business:		
712 E. DIX CHARLEV	(ON /OIX, MI 49720)			
Current Mailing Address:			New Mailing Addres	s:	
712 E. DIX CHARLEV	(ON /OIX, MI 49720)			
FEI Number	: 32-0157414	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	d Address of C	urrent Registered Agent:	Name and Address of	Name and Address of New Registered Agent:	
KURTZ, L 1153 NE 4 HOMESTE		3 US			
	e named entity : e of Florida.	submits this statement for the	purpose of changing its registere	d office or registered agent, or both,	
SIGNATU	RE:				
Electronic Signature of Registered Age			jent	Date	
Election Ca	mpaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	CPS () KURTZ, LUTHE 1153 NE 40TH HOMESTEAD,	RD	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VCT () KURTZ, JOHN 712 E. DIXON CHARLEVOIX,	Delete MI 49720	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () ROWELL, AND 909 AVENIDA Y CHULA VISTA,	'SIDORA	Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LUTHER KURTZ PRES 02/02/2008