

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F95000005193

Entity Name: CAPLACO FIVE, INC.

FILED
Jan 19, 2006
Secretary of State

Current Principal Place of Business:

11850 STUDD AVE.
PO BOX 419121
ST. LOUIS, MO 63141 US

New Principal Place of Business:

Current Mailing Address:

11850 STUDD AVE.
PO BOX 419121
ST. LOUIS, MO 63141 US

New Mailing Address:

FEI Number: 43-1006781 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CP () Delete
Name: CAPPS, GEORGE K
Address: 831 WOOD COVE CT.
City-St-Zip: CHESTERFIELD, MO

Title: VS () Delete
Name: CAPPS, DANIEL J.
Address: 13148 DOUGHERTY RIDGE CT
City-St-Zip: DES PERES, MO 63131

Title: T () Delete
Name: SCHULZ, GARY S
Address: 15544 COUNTRY RIDGE
City-St-Zip: CHESTERFIELD, MO

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: GEORGE K. CAPPS

CP

01/19/2006

Electronic Signature of Signing Officer or Director

_____ Date