


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 12, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # F96000005126  
 1. Entity Name  
 CAPSCO INDUSTRIES, INC.



Principal Place of Business: 155 MAIN ST, SUMITON, AL 35148  
 Mailing Address: PO BOX 640, SUMITON, AL 35148

**DO NOT WRITE IN THIS SPACE**



03092005 No Chg-P CR2E034 (10/03)

4. FEI Number: 63-1113319 Applied For: Not Applicable  
 5. Certificate of Status Desired:  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 SAUCER, RICHARD  
 1005 PORTER ST  
 ST GEORGE ISLAND, FL 32328

**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: \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) DATE: \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

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

U00000261251  
 03/14/05-80002-019 150.00

10. OFFICERS AND DIRECTORS

TITLE	C
NAME	KILLIAN, CHRIS
STREET ADDRESS	1200 CORPORATE DR, SUITE 325
CITY-ST-ZIP	BIRMINGHAM, AL 35242
TITLE	PD
NAME	STRICKLAND, ROBERT E
STREET ADDRESS	1200 CORPORATE DR, SUITE 325
CITY-ST-ZIP	BIRMINGHAM, AL 35242
TITLE	S
NAME	AYCOCK, JEFF
STREET ADDRESS	1200 CORPORATE DR, SUITE 325
CITY-ST-ZIP	BIRMINGHAM, AL 35242
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Jeff Aycock **JEFF AYCOCK, SECRETARY** 3/9/05 205-991-6909  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #