

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000004645

Entity Name: CAPLACO ELEVEN, INC.

FILED
Jan 08, 2008
Secretary of State

Current Principal Place of Business:

11850 STUDDT AVE.
ST. LOUIS, MO 63141

New Principal Place of Business:

Current Mailing Address:

11850 STUDDT AVE.
PO BOX 419121
ST. LOUIS, MO 63141

New Mailing Address:

FEI Number: 43-1167153 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: PD () Delete
Name: CAPPS, GEORGE K
Address: 11850 STUDDT AVE.
City-St-Zip: ST. LOUIS, MO 63141

Title: VPS () Delete
Name: CAPPS, DANIEL J
Address: 13148 DOUGHERTY RIDGE CT
City-St-Zip: SAINT LOUIS, MO 63131

Title: T () Delete
Name: SCHULZ, GARY
Address: 11850 STUDDT AVE.
City-St-Zip: ST. LOUIS, MO 63141

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 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

PD

01/08/2008

Electronic Signature of Signing Officer or Director

_____ Date