

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H36484

FILED  
Apr 07, 2009  
Secretary of State

Entity Name: CAPEVIEW CONSTRUCTION, INC.

## Current Principal Place of Business:

CAPEVIEW CONSTRUCTION  
3274 OVERLAND RD  
APOPKA, FL 32703 US

## New Principal Place of Business:

CAPEVIEW CONSTRUCTION  
5315 LEE ANN DR  
ORLANDO, FL 32808 US

## Current Mailing Address:

5315 LEE ANN DR  
APOPKA, FL 32703 US

## New Mailing Address:

5315 LEE ANN DR  
ORLANDO, FL 32808 US

FEI Number: 59-2510656

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

TUCKER, E. CLYDE  
5315 LEE ANN DRIVE  
ORLANDO, FL 32808 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: P ( ) Delete  
Name: E. CLYDE TUCKER,  
Address: 5315 LEE ANN DRIVE  
City-St-Zip: ORLANDO, FL 32808

Title: V ( ) Delete  
Name: TUCKER, WESLEY  
Address: 5300 LEE ANN DRIVE  
City-St-Zip: ORLANDO, FL 32808

Title: V ( ) Delete  
Name: TUCKER, BEVERLY  
Address: 5312 LEE ANN DRIVE  
City-St-Zip: ORLANDO, FL 32808

Title: ST ( ) Delete  
Name: TUCKER, TRINA  
Address: 5315 LEE ANN DRIVE  
City-St-Zip: ORLANDO, FL 32808

## 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:

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: E. CLYDE TUCKER

P

04/07/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date