2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

	ANNUAL F	REPORT (AR	}		, A	nr 06. '	2006 (00:80	AM
DOCUMENT # H84548 t. Entity Name					Apr 06, 2006 08:00 AM Secretary of State				
CAPSMITH, INC.					}				
			_	60 VA INC.	4				
Principal Plac	Mailing Address			{					
2240 OLD LAKE MARY RD. SANFORD FL 32771		2240 OLD LAKE MARY RD. SANFORD FL 32771		!					
2. Principal Place of Business		3. Mailing Address			11 MIN) PAPE WINA <i>L WINE</i>	limmit emen Memet Menter :	icest bielt ütbit ati	((SB) 15 Jesu	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			1st	MOORE	CR2E034	(10/05)	- .
City & State		City & State			4. FEI Number	59-26122	40	No	ophed For ot Applicat
Zip	Country	Zip	Coun	itry	5. Certificate	of Status Oesire	d □	\$8.75 Add Fee Require	
	6. Name and Address of Curren	t Registered Agent		Name	7. Name and	Address of Nev	v Registered	Agent	
SMITH, DANIEL C., IV									
2240 OLD LAKE MARY RD. SANFORD FL 32771				Street Address (P.O. Box Number is Not Acceptable)					
				City			FL	Zip Ced	le .
	named entity submits this statement	for the purpose of changing its	registere	ed office or register	red agent, or both	ı, in the State of	Florida, Lam	familiar with,	and accept
the obligat	tions of registered agent.								
SIGNATURE.	Signature, typed or printed name of registered again	nt and title if epplicable INOTE	Registere	d Agent signeriim required	i when romstaling)		DATE		
·	ILE NOW!!! FEE IS \$150.00								
After	May 1, 2006 Fee Will Be \$550.0	10 a may do 1			-	 Election Car Trust Fund C 			00 May Be ed to Fees
Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS					ACCITICONS	CHANGES TO C	FEICERS AND	DIRECTOR	SIN 11
TU. TILE	PD GITTELENS AND	Delicite Delicite	tt.	<u> </u>	, nobinore,	STATIOLO TO L		☐ Change	Addition
NAME	SMITH, DANIEL C., IV		NAM	E		U000004	194167		
STREET ADDRESS	1237 SIOUX COURT			ET ADDRESS -S1-ZIP	٤	.0000004 14/20/06	30032-02	0 150.0	0
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HTLE NAME	SMITH, MARSHA	. CT OSIGIA	NAM					ondings	
Y	1237 SIOUX COURT		STRE	ET ADDRESS					
CITY-ST-ZIP	GENEVA FL 32732		~}	-S1- <i>DP</i>					
THT) E NAME		etsla0 🗖	rite Nam	}				☐ Change	☐ Addition
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CITY-ST-ZIP			CITY	-ST-76°					
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NAME STREET ADDRESS			NAM SISE	ET ADDRESS					
City-St-ZiP				-ST-ZIP					
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NAME			NAM	- I					
GIREET ADDRESS City-St-Zip			3	ET ADDRESS - St-zip					
TITLE		☐ Defete	Dile					☐ Change	☐ Addition
NAME		23	NAM						
STREET ADDRESS				ET ADDRESS					
CITY-\$T-ZIP	<u> </u>		•	-57-279	N 0 0 ===	-		DE 16	
12. I hereby andicated	certify that the information supplied w on this report or supplemental report regration or the receiver or trustee en d, or on an attachment with an addition	ith this filing does not qualify to is true and accurate and that n	or the ex ny signa	ture shall have the	o in Section 119 same legal effect	, Florida Statute as if made und	s. I turther cer ler oath, that I	(iiy that the i am an office:	normation or director
of the cou if change	rporation or the receiver or trustee en id, or on an attachment with an additi	provered to execute this repart with all other like empower	t as regu edi.	uired by Chapter 60	or, Honda Statute	es; and that my	riame appears	IN BROCK TO	CT BIDCK 11
_	116.16	Addle							

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