

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 19, 2008 08:00 A
Secretary of State

DOCUMENT # H92035

1. Entity Name
CAPCAN, INC.



Principal Place of Business
**3414 CHEROKEE DRIVE
VERO BEACH FL 32960-1990**

Mailing Address
**4412 5TH PL SW
VERO BEACH FL 32968
US**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

1st MOORE

CR2E034 (10/07)

Zip

Country

Zip

Country

4. FEI Number
59-2628033

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GLENN, GEORGE
7555 20 ST
VERO BCH FL 32966**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and the filer (applicable)

(NOTE: Registered Agent Signature required when reappointing)

DATE

**FILE NOW!!! - FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
CANNON, CHARLES J. III
3414 CHEROKEE DRIVE
VERO BEACH FL**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**000000863756
04/03/08-80105-017 150.00**

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
CANNON, PATRICIA A.
3414 CHEROKEE DRIVE
VERO BEACH FL**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: Charles J. Cannon III, Charles Cannon III, 03/17/08 (772)567-7727

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #