

**2005 FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 02, 2005 8:00 am
Secretary of State

03-02-2005 90094 018 ***150.00

DOCUMENT # H98194

1. Entity Name
CAP MARKETING CONSULTANTS, INC.



Principal Place of Business
1400 W FAIRBANKS AVE
SUITE 102
WINTER PARK, FL 32789

Mailing Address
1400 W FAIRBANKS AVE
SUITE 102
WINTER PARK, FL 32789

50022083



02022005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2610546

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CHASTANG, LAWRENCE J.
1400 W FAIRBANKS AVE
SUITE 102
WINTER PARK, FL 32789

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	PICART, ANNIE COUTRE
STREET ADDRESS	STAR ROUTE 1A, BOX 45A 3 CHEMIN DE CHENALD
CITY-ST-ZIP	DRIPPING SPRINGS, TX 1183 EURSINS SWITZERLAND

TITLE	PD
NAME	PICART, CHRISTIAN
STREET ADDRESS	STAR ROUTE 1A, BOX 45A 3 CHEMIN DE CHENALD
CITY-ST-ZIP	DRIPPING SPRINGS, TX 1183 EURSINS SWITZERLAND

TITLE	
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CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #