


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 09, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # J30746</b> 1. Entity Name CAPE LAUREL COMPANY, INC.	
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Principal Place of Business 1950 CASSAT AVE JACKSONVILLE, FL 32210 US	Mailing Address P.O. BOX 41285 JACKSONVILLE, FL 32203-1285 US
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**DO NOT WRITE IN THIS SPACE**



01052004 No Chg P CR2E034 (10/03)

4. FEI Number 59-2706898	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

CAPEZZERA, VINCENT M  
4560 OAKBROOKE CT.  
JACKSONVILLE, FL 32277

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP CAPEZZERA, VINCENT M 4560 OAKBROOKE CT JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DTS CAPEZZERA, DIANE L 4560 OAKBROOKE CT JACKSONVILLE, FL
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- 01/12/04-80019-017 150.00

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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 # \_\_\_\_\_