2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 02, 2008 08:00 AN Secretary of State

ANNUAL REPORT				May 02, 2008 08:0		
DOCU	MENT # J40501				Secretary of Sta	
1. Entity Name CAPITAL PROPERTIES GROUP, INC.						
CALITAL	TROI ENTIES GROOF, INC	•				
Principal Plac	ce of Business	Mailing Address	·!	1		
3364 CLEVELAND AVE FORT MYERS, FL 33901 US		3364 CLEVELAND AVE Fort Myers, FL 33901 US				
TOKI WILL	3,11 33901 03	TORT WILKS, IL 33301 C			INI NINI NINI AINI NINI NINI NINI NINI	
		3, 9, 9*				
		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
	O NOT WRITE	IN THIS SOA	CE .	04092008 No Chg-P	CR2E034 (11/05)	
. L	O NOT WRITE	IN THIS SPA	CE	4. FEI Number 59-2741691	Applied For Not Applicable	
	The state of the s		· •	5. Certificate of Status Desired	\$8.75 Additional	
e Harris	6. Name and Address of Current Re	alstered Agent		The state of the s	Fee Required	
RAGER, KENNETH D. 3364 CLEVELAND AVE				DO NOT W	/RITE	
FORT MY	ERS, FL 33901		B	IN THIS SI		
				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
9 The above	e named entity submits this statement for the	e number of changing its register	ed office or register	ed agent, or both, in the State of F	lorida I am familiar with and accent	
	tions of registered agent.	o parpose or origing to regions.	ou omoo or rogicio.	ou agont of both in the class of	The state of the s	
SIGNATURE.	Signature, typed or printed name of registered agent and	Was Language WOTE Program	ed Agent signature required	udan zancinlinis	OATE	
		into approach. (10-2,7 ogsio.	or gard agrada o oqur ou			
	E N OW!!! FEE IS \$ 150.00 ay 1, 2008 Fee will be \$ 550.00	 Election Campaign Final Trust Fund Contribution. 		00 May Be ed to Fees		
10.	OFFICERS AND DI	RECTORS	77725,			
TITLE NAME	PVPS RAGER, KENNETH D					
STREET ADDRESS	3364 CLEVELAND AVE		5			
CITY-ST-ZIP	FORT MYRES, FL 33901		- * · · · ·	15/30/08	3-80016-021 150.00	
TITLE NAME	RAGER, CYNTHIA A		1.30			
STREET ADDRESS CITY+ST-ZIP	3364 CLEVELAND AVE FORT MYERS, FL 33901		1.5 (2.7.7.8			
TITLE	FORT WIERS, FL 33901					
NAME						
STREET ADDRESS CITY-ST-ZIP				DO NOT W	/RITE: ***	
TITLE				DO NOT W IN THIS SI	PACE	
NAME STREET ADDRESS			* * * * * * * * * * * * * * * * * * * *			
CITY-ST-ZIP			1			
TITLE						
NAME STREET ADDRESS						
CITY-ST-ZIP						
TITLE				the same		
NAME STREET ADDRESS	-					

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information indicated on this report or supplymental 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 of state empoweled 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 of the chapter 11 or an attachment of the chapter 11 or an attachment of the chapter 12 or an attachment of the chapter 13 or an attachment of the chapter 13 or an attachment of the chapter 14 or an attachment of the chapter 14 or an attachment of the chapter 14 or an attachment of the chapter 15 or a chapter 15 or an attachment of the chapter 15 or an attachment 15 or an attachment

SIGNATURE:

CITY-ST-ZIP

ATURE AND TYPED OR PHINTED NAME OF SIGNING OFFICER OR DIRECTOR

08 239-481-1414