

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90462 002 ***150.00

DOCUMENT # K87308

1. Entity Name

R CAP- ASSOCIATES, INC.



Principal Place of Business

9820 DELRAY DR
NEW PORT RICHEY FL 34654
US

Mailing Address

9820 DELRAY DR
NEW PORT RICHEY FL 34654
US

2. Principal Place of Business

9111 BROOKER DR

3. Mailing Address

9111 BROOKER DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

NEW PORT RICHEY FL

City & State

NEW PORT RICHEY FL

Zip

34655

Country

USA

Zip

34655

Country

USA

6. Name and Address of Current Registered Agent

CAPRIOLA, RALPH L.

9820 DELRAY DR

NEW PORT RICHEY FL 34654

7. Name and Address of New Registered Agent

Name

SAME

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

9111 BROOKER DR

NEW PORT RICHEY, FL

City

FL

Zip Code

34655

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

Ralph L. Capriola

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

(NOTE: Registered Agent signature required when reinstating)

2-28-06

DATE

FILE NOW!!! FEE IS \$150.00.

After May 1, 2006 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

TITLE PTD
NAME CAPRIOLA, RALPH L.
STREET ADDRESS 9820 DELRAY DR
CITY-ST-ZIP NEW PORT RICHEY FL 34654 ☐ Delete

TITLE SD
NAME CAPRIOLA, SHIRLEY D.
STREET ADDRESS 9820 DELRAY DR
CITY-ST-ZIP NEW PORT RICHEY FL 34654 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PTD
NAME CAPRIOLA, RALPH L.
STREET ADDRESS 9111 BROOKER DR
CITY-ST-ZIP NEW PORT RICHEY, FL 34655 ☒ Change ☐ Addition

TITLE SD
NAME CAPRIOLA, SHIRLEY D.
STREET ADDRESS 9111 BROOKER DR
CITY-ST-ZIP NEW PORT RICHEY, FL 34655 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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:

Ralph L. Capriola RALPH L. CAPRIOLA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-28-06

Date

727/815-7843

Daytime Phone #