

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L19133

Entity Name: CAPRISTO CONSTRUCTION, INC.

FILED  
Apr 18, 2008  
Secretary of State

**Current Principal Place of Business:**

**New Principal Place of Business:**

% KATHY A. GAGNE  
2214 SW 51 ST  
CAPE CORAL, FL 33914

**Current Mailing Address:**

**New Mailing Address:**

% KATHY A. GAGNE  
2214 SW 51 ST  
CAPE CORAL, FL 33914

FEI Number: 65-0149773

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

GAGNE, KATHY A.  
2214 SW 51 ST  
CAPE CORAL, FL 33914 US

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: GAGNE, KATHY A.,  
Address: 2214 SW 51 ST  
City-St-Zip: CAPE CORAL, FL

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D ( ) Delete  
Name: CAPRISTO, GARY J,  
Address: 2214 SW 51ST ST  
City-St-Zip: CAPE CORAL, FL

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KATHY A. GAGNE

D

04/18/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date