

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L37070

FILED
Jan 09, 2006
Secretary of State

Entity Name: CAPEL PROPERTIES, INC.

Current Principal Place of Business:

995 MONTE CRISTO BLVD
TIERRA VERDE, FL 33715 US

New Principal Place of Business:

Current Mailing Address:

995 MONTE CRISTO BLVD
TIERRA VERDE, FL 33715 US

New Mailing Address:

FEI Number: 59-2985783 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOYDSTON JR., C. BRYANT
STE 701 CITY CENTER
100 SECOND AVE. S.
SAINT PETERSBURG, FL 33701 US

Name and Address of New Registered Agent:

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:

Title: PST () Delete
Name: CAPEL, BOBBY G.,
Address: 995 MONTE CRISTO BLVD
City-St-Zip: TIERRA VERDE, FL

Title: D () Delete
Name: CAPEL, BOBBY G.,
Address: 995 MONTE CRISTO BLVD
City-St-Zip: TIERRA VERDE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PST (X) Change () Addition
Name: CAPEL, BOBBY G.,
Address: 995 MONTE CRISTO BLVD
City-St-Zip: TIERRA VERDE, FL 33715

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

I hereby certify that the information supplied with this filing does not qualify for the 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: BOBBY G. CAPEL

PST

01/09/2006

Electronic Signature of Signing Officer or Director

_____ Date