

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L37070

FILED
Jan 15, 2009
Secretary of State

Entity Name: CAPEL PROPERTIES, INC.

Current Principal Place of Business:

423 150TH AVE.
1302
MADEIRA BEACH, FL 33708 US

New Principal Place of Business:

870 LANTERN WAY
CLEARWATER, FL 33765 US

Current Mailing Address:

423 150TH AVE.
1302
MADEIRA BEACH, FL 33708 US

New Mailing Address:

870 LANTERN WAY
CLEARWATER, FL 33765 US

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:

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

01/15/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PST () Delete
Name: CAPEL, BOBBY G.,
Address: 423 150TH AVE. SUITE1302
City-St-Zip: MADEIRA BEACH, FL 337808 US

Title: D () Delete
Name: CAPEL, BOBBY G.,
Address: 423 150TH AVE.
City-St-Zip: MADEIRA, FL 33708 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PST (X) Change () Addition
Name: CAPEL, BOBBY G.,
Address: 870 LANTERN WAY
City-St-Zip: CLEARWATER, FL 33765 US

Title: DIR (X) Change () Addition
Name: CAPEL, BOBBY G.,
Address: 870 LANTERN WAY
City-St-Zip: CLEARWATER, FL 33765 US

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: BOBBY G. CAPEL

PST

01/15/2009

Electronic Signature of Signing Officer or Director

Date