

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L47565

FILED  
Apr 14, 2004  
Secretary of State

**Entity Name:** CAPITAL AREA PROCESS SERVICE, INC.

**Current Principal Place of Business:**

1212 TUNG HILL DRIVE  
TALLAHASSEE, FL 323179545

**New Principal Place of Business:**

**Current Mailing Address:**

1212 TUNG HILL DRIVE  
TALLAHASSEE, FL 323179545

**New Mailing Address:**

**FEI Number:** 59-2991075

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

COLSON, KAREN D  
1212 TUNG HILL DRIVE  
TALLAHASSEE, FL 323179545 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: DP ( ) Delete  
Name: COLSON, RONALD P  
Address: 1212 TUNG HILL DRIVE  
City-St-Zip: TALLAHASSEE, FL 323179545

Title: DV ( ) Delete  
Name: COLSON, KAREN D  
Address: 1212 TUNG HILL DRIVE  
City-St-Zip: TALLAHASSEE, FL 323179545

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

Title: DV (X) Change ( ) Addition  
Name: COLSON, RONALD P  
Address: 1212 TUNG HILL DRIVE  
City-St-Zip: TALLAHASSEE, FL 323179545

Title: DP (X) Change ( ) Addition  
Name: COLSON, KAREN D  
Address: 1212 TUNG HILL DRIVE  
City-St-Zip: TALLAHASSEE, FL 323179545

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: KAREN D COLSON

DV

04/14/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date