2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 02, 2007
Secretary of State

DOCUMENT# N03000009191

Entity Name: MARK CAPPS VOCATIONAL CONSULTING, INC.

Current Principal Place of Business:

1009 OCEANWOOD DRIVE SOUTH
NEPTUNE BEACH, FL 32266

New Principal Place of Business:

Current Mailing Address:

1009 OCEANWOOD DRIVE SOUTH
NEPTUNE BEACH, FL 32266

New Mailing Address:

FEI Number: 20-0811619 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

CAPPS, MARK
1009 OCEANWOOD DRIVE SOUTH
NEPTUNE BEACH, FL 32266 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

OFFICERS AND DIRECTORS:

Title:	D	( ) Delete
Name:	CAPPS, MARK	
Address:	1009 OCEANWOOD DRIVE SOUTH	
City-St-Zip:	NEPTUNE BEACH, FL 32266	
Title:	D	( ) Delete
Name:	CAPPS, TAMMY	
Address:	1009 OCEANWOOD DRIVE SOUTH	
City-St-Zip:	NEPTUNE BEACH, FL 32266	
Title:	D	( ) Delete
Name:	BERGER, ERIK	
Address:	4811 ATLANTIC BLVD, SUITE 2	
City-St-Zip:	JACKSONVILLE, FL 32204	
Title:	D	( ) Delete
Name:	BRITTON, RICHARD K	
Address:	2124 PARK STREET	
City-St-Zip:	JACKSONVILLE, FL 32204	
Title:	D	( ) Delete
Name:	CASHMAN, FRANK THOMAS	
Address:	1662 PARK TERRACE WEST	
City-St-Zip:	ATLANTIC BEACH, FL 32233	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARK CAPPS D 07/02/2007
Electronic Signature of Signing Officer or Director — Date