

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000009191

FILED  
Aug 25, 2008  
Secretary of State

**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:**

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

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

**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

08/25/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date