

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2007 8:00 am
Secretary of State

04-17-2007 90240 025 ****50.00
05-01-2007 90033 023 ****11.25

DOCUMENT # N06000011371 1. Entity Name CAPITAL CITY VENTURES, INC.					
Principal Place of Business 118 N GADSDEN STREET TALLAHASSEE, FL 32301			Mailing Address 118 N GADSDEN STREET TALLAHASSEE, FL 32301		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent MOYLE, JON C JR 118 N GADSDEN STREET TALLAHASSEE, FL 32301				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when completing)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D AUSLEY, LORANNE <input type="checkbox"/> Delete 86 WASHINGTON STREET TALLAHASSEE, FL 32303				<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D BLOCK, CAROL <input type="checkbox"/> Delete 3010 THOMASVILLE ROAD TALLAHASSEE, FL 32308				<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D MOYLE, JON C JR <input type="checkbox"/> Delete 118 N GADSDEN STREET TALLAHASSEE, FL 32301				<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D PITTMAN, SEAN <input type="checkbox"/> Delete 528 E PARK AVE TALLAHASSEE, FL 32301				<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D WHAHLEN, JEFF <input type="checkbox"/> Delete 227 S CALHOUN STREET TALLAHASSEE, FL 32301				<input type="checkbox"/> Change <input type="checkbox"/> Addition WAHLEN, JEFF Correct spelling of last name
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D ZIFFER, GIL <input type="checkbox"/> Delete 3976 GROVE PARK DRIVE TALLAHASSEE, FL 32311				<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date: 4-10-07 Daytime Phone #: 850-681-3828	

40055000



01182007 Chg-NP CR2E037 (12/06)

4. FEI Number
20-8684702 Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

FL Zip Code