

**2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Aug 07, 2008**  
**Secretary of State**

DOCUMENT# N07000004368

**Entity Name:** CAPE COMBAT, INC.**Current Principal Place of Business:**1409 SW 2ND ST  
CAPE CORAL, FL 33991**New Principal Place of Business:****Current Mailing Address:**215 SW 42ND ST  
CAPE CORAL, FL 33914**New Mailing Address:**5000 FAIRHAVEN LANE  
NAPLES, FL 34109**FEI Number:** 30-0475206**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**SMITH, ANDREW G  
1409 SW 2ND ST  
CAPE CORAL, FL 33991 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:** P,D ( ) Delete  
**Name:** SMITH, ANDREW G  
**Address:** 1409 SW 2ND ST  
**City-St-Zip:** CAPE CORAL, FL 33991**Title:** VP D ( ) Delete  
**Name:** HONC, VINCENT E  
**Address:** 1911 PICCADILLY CIRCLE  
**City-St-Zip:** CAPE CORAL, FL 33991**Title:** SEC ( ) Delete  
**Name:** PERES, STACY K  
**Address:** 306 SW 38TH PL  
**City-St-Zip:** CAPE CORAL, FL 33991**Title:** TREA ( ) Delete  
**Name:** MASELTER, SANDRA L  
**Address:** 215 SW 42ND ST  
**City-St-Zip:** CAPE CORAL, FL 33914**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:** TREA (X) Change ( ) Addition  
**Name:** SUTHERLAND, JOSEPH I  
**Address:** 5000 FAIRHAVEN LANE  
**City-St-Zip:** NAPLES, FL 34109

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: ANDREW G. SMITH

P.D

08/07/2008

Electronic Signature of Signing Officer or Director

Date