2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2006
Secretary of State

DOCUMENT# P00000076726

Entity Name: CAPPS LAND MANAGEMENT, INC.

Current Principal Place of Business:

1155 CATHY TRIPP LANE
JACKSONVILLE, FL 32220

New Principal Place of Business:

Current Mailing Address:

1155 CATHY TRIPP LANE
JACKSONVILLE, FL 32220

New Mailing Address:

FEI Number: 59-3664606 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

CAPPS, STACEY
1155 CATHY TRIPP LN
JACKSONVILLE, FL 32220 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: D ( ) Delete
Name: CAPPS, EDWIN
Address: 1155 CATHY TRIPP LN
City-St-Zip: JACKSONVILLE, FL 32220

Title: D ( ) Delete
Name: CAPPS, STACEY
Address: 1155 CATHY TRIPP LN
City-St-Zip: JACKSONVILLE, FL 32220

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STACEY CAPPS D 01/25/2006

Electronic Signature of Signing Officer or Director — Date