

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000017580

Entity Name: LIMITED CAPABILITY INC.

FILED
Apr 22, 2004
Secretary of State

Current Principal Place of Business:

1774 NW 40TH ST.
FT. LAUDERDALE, FL 33309

New Principal Place of Business:

1327 LAKE ASBURY DRIVE
GREEN COVE SPRINGS, FL 32043

Current Mailing Address:

1774 NW 40TH ST.
FT. LAUDERDALE, FL 33309

New Mailing Address:

1327 LAKE ASBURY DRIVE
GREEN COVE SPRINGS, FL 32043

FEI Number: 65-1140592

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FISHWICK, JAMES D
1774 NW 40TH ST.
FT. LAUDERDALE, FL 33309

Name and Address of New Registered Agent:

FISHWICK, JAMES D
1327 LAKE ASBURY DRIVE
GREEN COVE SPRINGS, FL 32043

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: JAMES D. FISHWICK

04/22/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: FISHWICK, JAMES D
Address: 1774 NW 40TH ST.
City-St-Zip: FT. LAUDERDALE, FL 33309

Title: STD () Delete
Name: FISHWICK, CAROL A
Address: 1774 NW 40TH ST.
City-St-Zip: FT. LAUDERDALE, FL 33309

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: FISHWICK, JAMES D
Address: 1327 LAKE ASBURY DRIVE
City-St-Zip: GREEN COVE SPRINGS, FL 32043

Title: STD (X) Change () Addition
Name: FISHWICK, CAROL A
Address: 1327 LAKE ASBURY DRIVE
City-St-Zip: GREEN COVE SPRINGS, FL 32043

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: JAMES D. FISHWICK

PD

04/22/2004

Electronic Signature of Signing Officer or Director

Date