


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 21, 2006 8:00 am
Secretary of State

03-21-2006 90012 045 ***150.00

DOCUMENT # P01000030879			
1. Entity Name A CAPPELA PUBLISHING, INC.			
Principal Place of Business 913 TENNESSEE LANE SARASOTA FL 34234		Mailing Address 913 TENNESSEE LANE SARASOTA FL 34234	
2. Principal Place of Business 913 TENNESSEE LANE Suite, Apt. #, etc.		3. Mailing Address PO BOX 3691 Suite, Apt. #, etc.	
City & State SARASOTA, FL Zip 34234		City & State SARASOTA, FL Zip 34230-3691 Country USA	
4. FEI Number 65-1113588		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent VAUGHN, PATRIKA 913 TENNESSEE LANE SARASOTA FL 34231		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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: <i>Patrika Vaughn</i> (NOTE: Registered Agent signature required when reinstating) DATE: <i>March 6, 2006</i>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		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 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VAUGHN, PATRIKA 913 TENNESSEE LANE SARASOTA FL 34231 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 607, 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: *Patrika Vaughn* (PATRIKA VAUGHN) *March 6, 2006* 941-351-2060
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #