


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 17, 2007 08:00 AM
Secretary of State

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| DOCUMENT # P01000081362 1. Entity Name CAPE SERVICE, INC. |  |
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| Principal Place of Business 5303 SW 11TH COURT CAPE CORAL, FL 33914 | Mailing Address 5303 SW 11TH COURT CAPE CORAL, FL 33914 |
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01052007 No Chg-P CR2E034 (11/05)

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| 4. FEI Number 65-1134854 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

**HILLSTRAND, MARILYN
5303 SW 11TH COURT
CAPE CORAL, FL 33914**

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | U000000588021 01/17/07-80054-016 150.00 |
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10. OFFICERS AND DIRECTORS

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|------------------------------------------------|-------------------------------------------------------------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PVTS HILLSTRAUD, MARILYN 5303 SW 11TH COURT CAPE CORAL, FL 33914 |
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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 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: Marilyn Hillstrand 1/09/07 239-542-3345
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #