

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 91257 031 \*\*\*150.00

**DOCUMENT # P02000015048**

1. Entity Name  
**CAPE COMPANION SERVICES, INC.**



Principal Place of Business  
**4632 VINCENNES BLVD  
SUITE 104  
CAPE CORAL, FL 33904**

Mailing Address  
**4632 VINCENNES BLVD  
SUITE 104  
CAPE CORAL, FL 33904**

**9408382U**



2. Principal Place of Business  
**1418 SW 14th St**  
Suite, Apt. #, etc.

3. Mailing Address  
**1418 SW 14th St**  
Suite, Apt. #, etc.

04282004 Chg-P CR2E034 (10/03)

City & State  
**Cape Coral FL**  
Zip  
**33991** Country  
**USA**

City & State  
**Cape Coral FL**  
Zip  
**33991** Country

4. FEI Number  
**45-0465225** Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**BRANNEN, STEVEN ALLEN  
222 SW 46TH STREET  
CAPE CORAL, FL 33914**

**7. Name and Address of New Registered Agent**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
**1418 SW 14th St**  
City **Cape Coral** FL Zip Code **33991**

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

**4-30-04**

Signature of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE **D** ☐ Delete  
NAME **BRANNEN, STEVEN ALLEN**  
STREET ADDRESS **222 SW 46TH STREET**  
CITY-ST-ZIP **CAPE CORAL, FL 33914**

TITLE **D** ☐ Delete  
NAME **BRANNEN, BARBARA JEAN**  
STREET ADDRESS **222 SW 46TH STREET**  
CITY-ST-ZIP **CAPE CORAL, FL 33914**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **1418 SW 14th St**  
CITY-ST-ZIP **Cape Coral FL 33991**

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **1418 SW 14th St**  
CITY-ST-ZIP **Cape Coral FL 33991**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify 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 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:

**Steven A. Brannen**  
**(239) 573-9143**  
**4-30-04**

Date

Daytime Phone #