

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 29, 2004 8:00 am
Secretary of State

01-29-2004 90019 003 ***150.00

DOCUMENT # P02000028898

1. Entity Name

CAPITAL CLOSING REPAIRS, INC.



Principal Place of Business

9916 TURTLE DOVE WAY
TALLAHASSEE FL 32312

Mailing Address

9916 TURTLE DOVE WAY
TALLAHASSEE FL 32312

2. Principal Place of Business

1595 COPPERFIELD CIR.

Suite, Apt. #, etc.

3. Mailing Address

1595 COPPERFIELD CIR.

Suite, Apt. #, etc.



MOORE

CR2E034 (11/03)

City & State

TALLAHASSEE, FL

Zip
32312-3797

Country

USA

City & State

TALLAHASSEE FL

Zip
32312-3797

Country

USA

4. FEI Number

03-0405703

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FROST, MARK A
9916 TURTLE DOVE WAY
TALLAHASSEE FL 32312

7. Name and Address of New Registered Agent

Name **RONALD D. TROCCHIO**

Street Address (P.O. Box Number is Not Acceptable)
1595 COPPERFIELD CIRCLE

City **TALLAHASSEE**

FL

Zip Code
32312-3797

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

[Signature]

Signature, typed or printed name of registered agent and title if applicable.

OWNER/PRESIDENT

(NOTE: Registered Agent signature required when reinstating)

1-22-04

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **D** ☒ Delete
NAME **FROST, MARK A**
STREET ADDRESS **9916 TURTLE DOVE WAY**
CITY-ST-ZIP **TALLAHASSEE FL 32312**

TITLE **D** ☐ Delete
NAME **TROCCHIO, RONALD D**
STREET ADDRESS **1595 COPPERFIELD CIRCLE**
CITY-ST-ZIP **TALLAHASSEE FL 32312**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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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
CITY-ST-ZIP

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

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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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-22-04 (850) 510-6852

Date

Daytime Phone #