

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000036994

**FILED**  
**Mar 30, 2010**  
**Secretary of State**

**Entity Name:** CAP STONE INDUSTRIES OF CENTRAL FLORIDA, INC.

**Current Principal Place of Business:**

910 SE 14TH CT  
OKEECHOBEE, FL 34974

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 3193  
OKEECHOBEE, FL 34973

**New Mailing Address:**

**FEI Number:** 01-0700372

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GAMOT, ALBERT J JR.  
315 FIFTH STREET  
WEST PALM BEACH, FL 33401 US

**Name and Address of New Registered Agent:**

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P  
Name: WALLACE, MIKE  
Address: 910 SE 14TH CT  
City-St-Zip: OKEECHOBEE, FL 34974

Title: ST  
Name: WALLACE, MIKE  
Address: 910 SE 14TH CT  
City-St-Zip: OKEECHOBEE, FL 34974

I hereby 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 all other like empowered.

**SIGNATURE:** MIKE WALLACE

PRES

03/30/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date