

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P02000080108

1. Entity Name
CAPE COACH COMPANY, INC.



Principal Place of Business
2120 SW 28 ST
CAPE COACH, FL 33914

Mailing Address

2120 SW 28 ST
CAPE COACH, FL 33914

2. Principal Place of Business
2505 S.W. 52ND LANE

3. Mailing Address
2505 S.W. 52ND LANE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
CAPE CORAL, FL

City & State
CAPE CORAL, FL

Zip
33914

Country
USA

Zip
33914

Country
USA

6. Name and Address of Current Registered Agent

JOHNSON, WILLIAM L
2120 SW 28 ST
CAPE COACH, FL 33914

Name
JOHNSON, WILLIAM L.

Street Address (P.O. Box Number is Not Acceptable)
2505 S.W. 52ND LANE

City
CAPE CORAL

FL Zip Code
33914

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

WILLIAM L. JOHNSON, PRESIDENT

4/28/04

Signature, typed or printed name 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST JOHNSON, WILLIAM L 2120 SW 28 ST CAPE COACH, FL 33914	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST JOHNSON, WILLIAM L. 2505 S.W. 52ND LANE CAPE CORAL, FL 33914	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

WILLIAM L. JOHNSON, PRES. 4/28/04 239-541-3236

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #