
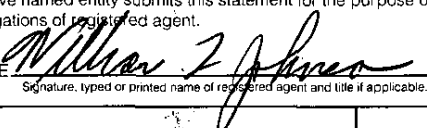
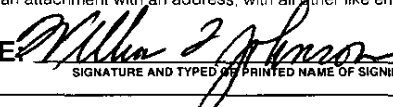


2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

05-03-2004 90684 036 ***150.00

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		4. FEI Number 51-0416560	
Zip 33914		Country USA		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent JOHNSON, WILLIAM L 2120 SW 28 ST CAPE COACH, FL 33914			7. Name and Address of New Registered Agent 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. <input type="checkbox"/>		\$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		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST JOHNSON, WILLIAM L. 2505 S.W. 52ND LANE CAPE CORAL, FL 33914	
<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Delete		<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 #	