


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2007 8:00 am
Secretary of State

01-31-2007 90044 009 ***150.00

DOCUMENT # P02000095758

1. Entity Name
CAPRICORN CORPORATION



Principal Place of Business Mailing Address

721 US HIGHWAY ONE **721 US HIGHWAY ONE**
STE 205 **STE 205**
NORTH PALM BEACH, FL 33408 **NORTH PALM BEACH, FL 33408**



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

4425 Military Tr **4425 Military Trail**

Suite, Apt. #, etc. Suite, Apt. #, etc.

205 **205**

City & State City & State

Jupiter FL **Jupiter, FL**

Zip Zip Country Country

33458 **33458** **USA** **USA**

01222007 Chg-P CR2E034 (12/06)

4. FEI Number Applied For

82-0562670 Not Applicable

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

6. Name and Address of Current Registered Agent

MACKLIN, KEVIN
721 US HWY ONE
STE 205
NORTH PALM BEACH, FL 33408

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

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: *Kevin Macklin* DATE: **1/24/07**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 !
After May 1, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PT	<input type="checkbox"/> Delete
NAME	COPAS, JOHN S	
STREET ADDRESS	721 US HWY ONE STE 205	
CITY-ST-ZIP	NORTH PALM BEACH, FL 33408	
TITLE	VPS	<input type="checkbox"/> Delete
NAME	COPAS, JOSEPH S	
STREET ADDRESS	721 US HIGHWAY ONE STE 205	
CITY-ST-ZIP	NORTH PALM BEACH, FL 33408	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4425 Military Trail #205	
STREET ADDRESS	Jupiter, FL 33458	
CITY-ST-ZIP	Jupiter, FL 33458	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4425 Military Trail #205	
STREET ADDRESS	Jupiter, FL 33458	
CITY-ST-ZIP	Jupiter, FL 33458	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Kevin Macklin* Date: **1-23-2007**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #