

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000125102

FILED
May 01, 2007
Secretary of State

Entity Name: FLORIDA CAPITAL GROUP, INC.

Current Principal Place of Business:

10151 DEERWOOD PARK BLVD.
BLDG. 100, SUITE 410
JACKSONVILLE, FL 32256

New Principal Place of Business:

Current Mailing Address:

10151 DEERWOOD PARK BLVD.
BLDG. 100, SUITE 410
JACKSONVILLE, FL 32256

New Mailing Address:

FEI Number: 33-1032726 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STANFORD, DOUGLAS G
50 NORTH LAURA STREET, SUITE 2600
BANK OF AMERICA TOWER
JACKSONVILLE, FL 32202 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SANCHEZ, MG
Address: 4717 NW 57TH DR
City-St-Zip: GAINESVILLE, FL 326064369

Title: PD () Delete
Name: HUGHES, CHARLES E JR
Address: 10151 DEERWOOD PARK BLVD
City-St-Zip: JACKSONVILLE, FL 32256

Title: D () Delete
Name: CULPEPPER, BRUCE P
Address: 106 E COLLEGE AVE, SUITE 1200
City-St-Zip: TALLAHASSEE, FL 32301

Title: D () Delete
Name: DOSTIE, RICHARD R
Address: 9301 OLD KINGS ROAD SOUTH
City-St-Zip: JACKSONVILLE, FL 32257

Title: D () Delete
Name: KRUSEN, ANDREW W JR
Address: 712 SOUTH OREGON AVE, SUITE 200
City-St-Zip: TAMPA, FL 33606

Title: D () Delete
Name: JONES, MALCOLM J JR
Address: 3625 HENDRICKS AVE
City-St-Zip: JACKSONVILLE, FL 32207

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ROBERT VENTRONE

MR

05/01/2007

Electronic Signature of Signing Officer or Director

_____ Date