

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000125102

FILED  
Apr 30, 2008  
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

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

VP

04/30/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date