2005 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 30, 2005 08:00 AM Secretary of State **ANNUAL REPORT** DOCUMENT # P03000000266 1. Entity Name CAPITAL & ESTATE MANAGEMENT, INC. Principal Place of Business Mailing Address 5305 E. FLETCHER AVE. 5305 E. FLETCHER AVE. TAMPA, FL 33617 TAMPA, FL 33617 04282005 No Cha-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 47-0904122 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent UMBER, JOHN C DO NOT WRITE 5305 E. FLETCHER AVE. TAMPA, FL 33617 IN THIS SPACE 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 Signature, typed or printed name of registered agent and little if applicable, (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE 18 \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE NAME UMBER, JOHN C U00000345219 5305 E. FLETCHER AVE. STREET ADDRESS (14/30/05-80026-025 150.00 CITY-ST-ZIP TAMPA, FL 33617 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITI F NAME STREET ADDRESS CITY-ST-ZIP TITLE

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:

NAME STREET ADDRESS CITY-ST-ZIP

GNAYONE AND TYPED OR PRINTED NAME OF SIGNING OFFICER ON DIRECTOR

1/28/05

813)989-2751 Daylina Brone #

FILED