

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 15, 2007 8:00 am
Secretary of State

08-15-2007 90022 001 ***150.00

DOCUMENT # P03000035367

1. Entity Name
R.S. CAPUTO, INC.



Principal Place of Business
550 W. Redstone Ave.
CRESTVIEW, FL 32536

Mailing Address
550 W. Redstone Ave.
CRESTVIEW, FL 32536

90111



07302007 No Chg-P CR2E034 (11/05)

4. FEI Number
20-0815244

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CAPUTO, ROBERT S
550 W. Redstone Ave., Ste. 470
CRESTVIEW, FL 32536

**DO NOT WRITE
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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
P
CAPUTO, ROBERT S
550 W. Redstone Ave., Suite 470
CRESTVIEW, FL 32536

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert S. Caputo

DATE

Daytime Phone #

850-689-2223