

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90306 026 ***150.00

DOCUMENT # P03000054123 1. Entity Name CAPERNAUM PROPERTIES, INC.					
Principal Place of Business 110 PARK AVENUE EAST STE. B INDIAN LAKE ESTATES, FL 33855 US			Mailing Address P.O. BOX 7275 INDIAN LAKE ESTATES, FL 33855 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
				Country	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
BELL, DWIGHT W 361 SW MAJESTIC TERR PORT ST LUCIE, FL 34984				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ (NOTE: Registered Agent signature required when reinstating) <small>Signature, typed or printed name of registered agent and title if applicable. DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P MCKEE, JIM <input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	1705 28 AVE		NAME		
STREET ADDRESS	VERO BEACH, FL 32960		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TURNER, H. C		NAME		
STREET ADDRESS	6560 NORTH 87TH STREET		STREET ADDRESS		
CITY-ST-ZIP	WABASSO, FL 32970		CITY-ST-ZIP		
TITLE	ST <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BELL, DWIGHT W		NAME		
STREET ADDRESS	361 SW MAJESTIC TERR		STREET ADDRESS		
CITY-ST-ZIP	PORT ST LUCIE, FL 34984		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WAY, JIM		NAME	WAY, JIM	
STREET ADDRESS	6285 45 ST		STREET ADDRESS	323 HIBISCUS DRIVE	
CITY-ST-ZIP	VERO BEACH, FL 32967		CITY-ST-ZIP	INDIAN LAKE ESTATES, FL 33855-7809	
TITLE	<input type="checkbox"/> Delete		TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	SHIPMAN, FRED	
STREET ADDRESS			STREET ADDRESS	9243 NUGENT TRAIL	
CITY-ST-ZIP			CITY-ST-ZIP	WEST PALM BEACH, FL 33411	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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:			JIM WAY		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			3/3/05 863-692-1701 <small>Date Daytime Phone #</small>		