

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 12, 2004 8:00 am
Secretary of State

02-12-2004 90005 029 ***158.75

DOCUMENT # P03000073421

1. Entity Name

CAPITAL CITY TAX VENTURE, INC.



Principal Place of Business

8093 ARCHER CIRCLE
TALLAHASSEE FL 32309
US

Mailing Address

8093 ARCHER CIRCLE
TALLAHASSEE FL 32309
US

44010376



MOORE CR2E034 (11/03)

2. Principal Place of Business

2510 NORTH MONROE

3. Mailing Address

2510 NORTH MONROE

Suite, Apt. #, etc.

F

Suite, Apt. #, etc.

F

City & State

TALLAHASSEE FLORIDA

City & State

TALLAHASSEE FLORIDA

Zip

32303

Country

USA

Zip

32303

Country

USA

4. FEI Number

65-1198631

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BEATA, DEBORAH A
8093 ARCHER CIRCLE
TALLAHASSEE FL 32309

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

2-9-04

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	BEATA, DEBORAH A	
STREET ADDRESS	8093 ARCHER CIRCLE	
CITY-ST-ZIP	TALLAHASSEE FL 32309	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BEATA, ROBERT J	
STREET ADDRESS	8093 ARCHER CIRCLE	
CITY-ST-ZIP	TALLAHASSEE FL 32309	
TITLE	VP	<input type="checkbox"/> Delete
NAME	DAILY, MARK	
STREET ADDRESS	9240 SW 190 STREET	
CITY-ST-ZIP	MIAMI FL 33157	
TITLE	VP	<input type="checkbox"/> Delete
NAME	DAILY, CARMEN	
STREET ADDRESS	9240 SW 190 STREET	
CITY-ST-ZIP	TALLAHASSEE FL 33157	
TITLE	SEC	<input type="checkbox"/> Delete
NAME	DAILY, CARMEN	
STREET ADDRESS	9240 SW 190 STREET	
CITY-ST-ZIP	MIAMI FL 33157	
TITLE	TREA	<input type="checkbox"/> Delete
NAME	BEATA, DEBORAH A	
STREET ADDRESS	8093 ARCHER CIRCLE	
CITY-ST-ZIP	TALLAHASSEE FL 32309	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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:

Robert J. Beata

ROBERT J. BEATA

2-9-04

850-514-2727

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #