


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90169 034 ***150.00

DOCUMENT # P03000087349					
1. Entity Name FLORIDA CAPITAL ASSOCIATES, INC.					
Principal Place of Business 9140 GOLFSIDE DR #13N JACKSONVILLE, FL 32256			Mailing Address 9140 GOLFSIDE DR #13N JACKSONVILLE, FL 32256		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 2709 OCEAN DRIVE SOUTH			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		JACKSONVILLE BEACH, FL			
Zip	Country	Zip	Country	04202008 Chg-P CR2E034 (12/06)	
32250		U.S.A.		4. FEI Number 51-0477814	
5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CARTER, DENNIS M 9140 GOLFSIDE DR #13N JACKSONVILLE BEACH, FL 32256			Name		
2709 OCEAN DRIVE SOUTH			Street Address (P.O. Box Number is Not Acceptable)		
JACKSONVILLE BEACH, FL 32250			City		
JACKSONVILLE, FL 32256			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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 NAME STREET ADDRESS CITY-ST-ZIP	P CARTER, DENNIS M 9140 GOLFSIDE DR #13N JACKSONVILLE, FL 32256	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2709 OCEAN DRIVE SOUTH JACKSONVILLE BEACH, FL 32250	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP VOCKELL, STEVEN 9140 GOLFSIDE DR #13N JACKSONVILLE, FL 32256	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>D. Michael Carter</u> D. MICHAEL CARTER 4/20/08 904-703-8883					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					