

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 03, 2005 8:00 am**  
**Secretary of State**

05-03-2005 90069 032 \*\*\*150.00

**DOCUMENT # P03000107758**

1. Entity Name

CAPP CUSTOM HOMES INC.



Principal Place of Business

989 SEBASTIAN BLVD STE 2  
SEBASTIAN FL 32958

Mailing Address

989 SEBASTIAN BLVD STE 2  
SEBASTIAN FL 32958

109 Harbor Pt. Dr.  
Sebastian, FL 32958

← Same

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



1st MOORE

CR2E034 (10/04)

4. FEI Number  
30-0207600

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CAPP, MICHAEL P  
109 HARBOR POINT DR  
SEBASTIAN FL 32958

Michael P. Capp

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 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	CAPP, MICHAEL P	
STREET ADDRESS	109 HARBOR POINT DR	
CITY-ST-ZIP	SEBASTIAN FL 32958	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	GILLIGAN, PATRICK B	
STREET ADDRESS	722 BROOKEDGE TER	
CITY-ST-ZIP	SEBASTIAN FL 32958	
TITLE	S	<input type="checkbox"/> Delete
NAME	CAPP, ELIZABETH A	
STREET ADDRESS	109 HARBOR PT DR	
CITY-ST-ZIP	SEBASTIAN FL 32958	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	TONIOLI, ANTHONY L	
STREET ADDRESS	402 LANFAIR AVE	
CITY-ST-ZIP	SEBASTIAN FL 32958	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Elizabeth Capp

Sec.

4/6/05 772-589-3452

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #