


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 09, 2007 8:00 am
Secretary of State

05-09-2007 90098 049 ***150.00

| | |
|---|---|
| DOCUMENT # P03000107758 |  |
| 1. Entity Name CAPP CUSTOM HOMES INC. | |

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| Principal Place of Business 109 HARBOR POINT DR SEBASTIAN FL 32958 | Mailing Address 109 HARBOR POINT DR SEBASTIAN FL 32958 |
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|---|---|
| 2. Principal Place of Business - No P.O. Box # 9610 Riverview Dr. | 3. Mailing Address 9610 Riverview Dr. |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

| | |
|-------------------------------------|-------------------------------------|
| City & State Sebastian FL | City & State Sebastian FL |
| Zip 32976 | Zip 32976 |
| Country USA | Country USA |

| | |
|---|--|
| 4. FEI Number 30-0207600 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

1st MOORE CR2E034 (10/06)

| | |
|--|--|
| 6. Name and Address of Current Registered Agent CAPP, MICHAEL P 109 HARBOR POINT DR SEBASTIAN FL 32958 | |
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| 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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|---|--|
| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|--|---|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | P CAPP, MICHAEL P 109 HARBOR POINT DR SEBASTIAN FL 32958 <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 | S CAPP, ELIZABETH A 109 HARBOR PT DR SEBASTIAN FL 32958 <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 |
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| 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 Section 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: Elizabeth Capp April 26, 2007 772-589-3452
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #