


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 02, 2004 8:00 am
Secretary of State

03-02-2004 90045 025 ***150.00

DOCUMENT # P03000108686	
1. Entity Name CAPITAL SUPPLY, INC.	

Principal Place of Business 690 E. MCNAB ROAD POMPANO BEACH FL 33060	Mailing Address 690 E. MCNAB ROAD POMPANO BEACH FL 33060
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2. Principal Place of Business 722 E MCNAB Suite, Apt. #, etc.	3. Mailing Address same Suite, Apt. #, etc.
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City & State Pompano Bch FL	City & State Pompano Bch FL
Zip 33060	Zip 33060
County BROWARD	County BROWARD

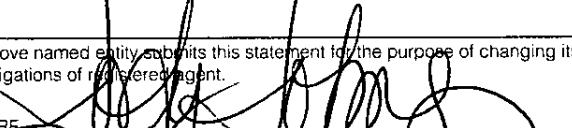
4. Entity Number 753132413	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	



MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent SCHLEGEL, PAUL ESQ. 100 W. CYPRESS CREEK ROAD SUITE 910 FORT LAUDERDALE FL 33309	
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7. Name and Address of New Registered Agent	
Name Jody Johnson	
Street Address (F.O. Box Number is Not Acceptable) 722 E MCNAB RD	
City Pompano Bch	FL 33060

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 	DATE 2-26-04

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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PVST	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME JOHNSON, JODY		NAME	
STREET ADDRESS 690 E. MCNAB ROAD		STREET ADDRESS	
CITY-ST-ZIP POMPANO BEACH FL 33060		CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME JOHNSON, JODY		NAME	
STREET ADDRESS 690 E. MCNAB ROAD		STREET ADDRESS	
CITY-ST-ZIP POMPANO BEACH FL 33060		CITY-ST-ZIP	
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	
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	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/26/04 954782-9222