

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000108686

Entity Name: CAPITAL SUPPLY, INC.

FILED  
Feb 15, 2005  
Secretary of State

## Current Principal Place of Business:

722 E. MCNAB  
POMPANO BEACH, FL 33060

## New Principal Place of Business:

2280 SE 8 STREET  
POMPANO BEACH, FL 33062

## Current Mailing Address:

722 E. MCNAB  
POMPANO BEACH, FL 33060

## New Mailing Address:

2280 SE 8 STREET  
POMPANO BEACH, FL 33062

FEI Number: 75-3132413

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

JOHNSON, JODY  
722 E. MCNAB RD  
POMPANO BEACH, FL 33060 US

## Name and Address of New Registered Agent:

JOHNSON, JODY  
2280 SE 8 STREET  
POMPANO BEACH, FL 33062 US

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.

SIGNATURE: JODY JOHNSON

02/15/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PVST ( ) Delete  
Name: JOHNSON, JODY  
Address: 690 E. MCNAB ROAD  
City-St-Zip: POMPANO BEACH, FL 33060

Title: D ( ) Delete  
Name: JOHNSON, JODY  
Address: 690 E. MCNAB ROAD  
City-St-Zip: POMPANO BEACH, FL 33060

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PVST (X) Change ( ) Addition  
Name: JOHNSON, JODY  
Address: 2280 SE 8 STREET  
City-St-Zip: POMPANO BEACH, FL 33062

Title: D (X) Change ( ) Addition  
Name: JOHNSON, JODY  
Address: 2280 SE 8 STREET  
City-St-Zip: POMPANO BEACH, FL 33062

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JODY JOHNSON

PVST

02/15/2005

Electronic Signature of Signing Officer or Director

Date