

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2004 8:00 am**  
**Secretary of State**

04-28-2004 90252 007 \*\*\*150.00

**DOCUMENT # P03000118970**

1. Entity Name  
**CAPITOL INSURANCE AND FINANCIAL GROUP, INC.**



Principal Place of Business  
**11440 OKEECHOBEE BLVD.  
SUITE # 215  
ROYAL PALM BEACH, FL 33411**

Mailing Address  
**11440 OKEECHOBEE BLVD.  
SUITE # 215  
ROYAL PALM BEACH, FL 33411**

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

Zip Country Zip Country



04262004 Chg-P CR2E034 (10/03)

4. FEI Number  
**32-0096539**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**COX, ERIC L  
11440 OKEECHOBEE BLVD.  
SUITE # 215  
ROYAL PALM BEACH, FL 33411**

**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 \_\_\_\_\_  
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, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE **P** ☐ Delete  
NAME **COX, ERIC L**  
STREET ADDRESS **11440 OKEECHOBEE BLVD., SUITE # 215**  
CITY-ST-ZIP **ROYAL PALM BEACH, FL 33411**

TITLE **VP** ☐ Delete  
NAME **RAGER, APRIL C**  
STREET ADDRESS **11440 OKEECHOBEE BLVD., SUITE # 215**  
CITY-ST-ZIP **ROYAL PALM BEACH, FL 33411**

TITLE **S** ☐ Delete  
NAME **SANTOS, DANIEL**  
STREET ADDRESS **11440 OKEECHOBEE BLVD., SUITE # 215**  
CITY-ST-ZIP **ROYAL PALM BEACH, FL 33411**

TITLE **D** ☐ Delete  
NAME **COX, YADIRA M**  
STREET ADDRESS **11440 OKEECHOBEE BLVD., SUITE # 215**  
CITY-ST-ZIP **ROYAL PALM BEACH, FL 33411**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/26/04 (561) 204-4788**  
Date Daytime Phone #