2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000121379

1. Entity Name

ROGER CAPPS CONSTRUCTION, INC.



FILED Jan 05, 2007 08:00 AM Secretary of State

Principal Place of Business

7046 SE CR 69 BLOUNTSTOWN, FL 32424 Mailing Address

7046 SE CR 69

BLOUNTSTOWN, FL 32424



01032007

No Chg-P

CR2E034 (11/05)

4.	FEI Number
	20-0376632

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

CAPPS, ROGER R 7046 SE CR 69 BLOUNTSTOWN, FL 32424

DO NOT WRITE IN THIS SPACE

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: Regis	tered Agent aignature required when reinstating)	DATE			
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Fin Trust Fund Contribution	- - +		ten Stategia		
10. OFFICERS AND DIRECTORS							
THILE	Р	•		* * *	•		
NAME	CAPPS, ROGER R						
STREET ADDRESS	7046 SE CR 69			HOODOOSTEGGE			
CITY-ST-ZIP	BLOUNTSTOWN, FL 32424			n1/ガミブガブニダイガガブニ	011: 150.00		
TITLE	V	<u> </u>					
NAME	CAPPS ROGER R						

STREET ADDRESS 7046 SE CR 69 CITY-ST-ZIP BLOUNTSTOWN, FL 32424 TITLE CAPPS, ROGER R STREET ADDRESS 7046 SE CR 69 BLOUNTSTOWN, FL 32424 CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:

IGNATURE AND TYPED OR PRINTED NAME OF SUNING OFFICER OR DIRECT

1-4-01

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