

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Sep 09, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000122995

1. Entity Name

CAPITAL CITY & COASTAL PARTNERS, INC.



Principal Place of Business

1909-3 CAPITAL CIRCLE NE
TALLAHASSEE, FL 32309

Mailing Address

1909-3 CAPITAL CIRCLE NE
TALLAHASSEE, FL 32309



07012005

No Chg-P

CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

20-0347243

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DAVID, KEVIN M
1909 CAPITAL CIRCLE NE
TALLAHASSEE, FL 32308

**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: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00
Due by September 7, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME CARRUTHERS, MICHAEL
STREET ADDRESS 1909 CAPITAL CIRCLE NE
CITY-ST-ZIP TALLAHASSEE, FL 32309

TITLE D
NAME POPE, BERT S
STREET ADDRESS 1909 CAPITAL CIRCLE NE
CITY-ST-ZIP TALLAHASSEE, FL 32309

TITLE D
NAME DAVIS, KEVIN
STREET ADDRESS 1909 CAPITAL CIRCLE NE
CITY-ST-ZIP TALLAHASSEE, FL 32309

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

U000000378041
09/09/05-80003-009 550.00

**DO NOT WRITE
IN THIS SPACE**

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 #