

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000135129

FILED  
Aug 27, 2004  
Secretary of State

**Entity Name:** CAPITOL POSTERS & RESTORATION, INC.

**Current Principal Place of Business:**

6089 JOHNS ROAD  
SUITE 11  
TAMPA, FL 33634 US

**New Principal Place of Business:**

**Current Mailing Address:**

6089 JOHNS ROAD  
SUITE 11  
TAMPA, FL 33634 US

**New Mailing Address:**

**FEI Number:** 20-0431759

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

AYALA, FONTAINE  
4713 GRAINARY AVENUE  
TAMPA, FL 33624 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: AYALA, FONTAINE  
Address: 4713 GAINARY AVENUE  
City-St-Zip: TAMPA, FL 33624 US

Title: VP ( ) Delete  
Name: HAMMOND, THOMAS  
Address: 4713 GRAINARY AVENUE  
City-St-Zip: TAMPA, FL 33624 US

Title: S ( ) Delete  
Name: HAMMOND, STROTHER  
Address: 3462 MARLONSPIKE DR.  
City-St-Zip: TAMPA, FL 33607 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: S (X) Change ( ) Addition  
Name: HAMMOND, THOMAS  
Address: 4713 GRAINARY AVENUE  
City-St-Zip: TAMPA, FL 33624 US

Title: VP (X) Change ( ) Addition  
Name: HAMMOND, STROTHER  
Address: 3462 MARLONSPIKE DR.  
City-St-Zip: TAMPA, FL 33607 US

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: STROTHER HAMMOND

VP

08/27/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date