## FILED Jul 30, 2004 8:00 am Secretary of State

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•	Al	AUNI	L REP	ORT	

1. Entity Nam LOU CAP	PPY BUILDERS, INC	73 سنه				004 90004 005	***150.00
Principal Plac 5514 TUCKE ORANGE LAK	R LANE	Mailing Address PO BOX 256 ORANGE LAKE, FL 32681	US	4	1405074	6	
2. Principal P 2426 Suite Apt. Lo:t	N.E. 14 Street	Mailing Address 2426 N.E. 14 <sup>4</sup> Suite, Apt. #, etc. Lo+ 136	3 Street	07072004	Chg-P	CR2E034 (10/03)	INIBER IN INC.
City & State	e // - //-	City & State  Cala, Flori	Da	4. FEI Number	455 <b>9</b> 81	J	applied For
Zip 3447	4.	ZipCou		5. Certificate of	•	\$8.75 Ac	dditional
<u> </u>	6. Name and Address of Current Regi	stered Agent		7. Name and A	dress of New Re		
	:		Name				
BARNES & JAMES, P.A. 2629 BLAIR STONE ROAD TALLAHASSEE, FL. 32301			Street Address (P.O. Box Number is Not Acceptable)				
,	The second secon		City			<b>⊏</b> ∎ Zip Co	de
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	named entity submits this statement for the ions of registered agent.		red office or registe		in the State of Flor	da. I am familiar with	
	LE NOWILL FEE IS \$550.00 ue by September 8, 2004	Election Campaign Fina     Trust Fund Contribution		.00 May Be led to Fees			
-10.	OFFICERS AND DIRE	CTORS 11		ADDITIONS/CH	ANGES TO OFFIC	ERS AND DIRECTOR	RS IN 11
NAME. STREET ADDRESS	P CAPPADONA, LOUIS 5514 TUCKER LANE	☐ Defete TII NA STI	LE P ME CA RCET ADDRESS 24	PPADONA 26 N. E.	, Louis 14th Street	Change that 136	☐ Addition
CITY-ST-ZIP	ORANGE LAKE, FL 32681	CIT	Y-ST-ZIP	LALA, FL	ORIBA	34470	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	,	•				☐ Change	☐ Addition
TITLE	i i	☐ Delete TIT	ŀ			☐ Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP			REET ADDRESS Y-SI-ZIP				
NAME STREET ADDRESS CITY-ST-ZIP		i i	-  -	~ -	-	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<b>1</b> - 1				☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				***************************************		☐ Change	☐ Addition
or the cor	certify that the information supplied with this on this report or supplemental report is true poration or the receiver or trustee empowers or on an attachment with an address with a	ad to execute this report as requ	ernption stated in Se ature shall have the uired by Chapter 60	ection 119.07(3)(i), same legal effect a 7, Florida Stalutes;	Florida Statutes. I f s if made under oa and that my name	urther certify that the ith; that I am an office appears in Block 10 o	information or director or Block 11 if

: /	$\sim$ 0					
SIGNATURE: David	espedora_	Louis	Cappadona	7-26-04	352-843-47	70
SIGNATURE AND TYPE	ED OF PRINTED NAME OF SIGNING OFFICER	OR DIRECTOR		Date	Daytime Phone # .	_
	7					

HHachment

## LOU CAPPY BUILDERS AND CONTRACTORS #/

44050746 RS # PO 3000141073

2426 N.E. 14 Street Lot 136 Ocala, Florida 34470 352-843-4770 RR0029421

Dear Sir or Madam:

I received a NOTICE OF INTENT TO DISSOLVE in the mail. I immediately called the telephone number for the Division of Corporations and spoke with Mr. Tyrone Scott.

I explained to Mr. Scott that I had never received any notification about filing an annual report and was unaware that anything was due.

Mr. Scott explained what was necessary from me as far as annual reports are concerned. He mailed on July 7, 2004 a PROFIT FOR CORPORATION ANNUAL REPORT for me to fill out and return.

Mr Scott also told me to mail a check for \$150.00 and to request that the \$400.00 late fee be waived.

Thanking you in advance for your understanding and any help that you may give me in this matter.

Sincerely,

LOUIS CAPPADONA

LOU CAPPY BUILDERS, INC.

REF: NUMBER: P03000141073