

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 17, 2005 8:00 am**  
**Secretary of State**

03-17-2005 90019 032 \*\*\*150.00

**DOCUMENT # P04000073788**

1. Entity Name  
**CAPTIVE RESOURCES COMPANY**



Principal Place of Business  
**PO BOX 2885  
ST PETERSBURG, FL 33731-2885**

Mailing Address  
**PO BOX 2885  
ST PETERSBURG, FL 33731-2885**

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

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

City & State  
Zip Country

City & State  
Zip Country

02162005 Chg-P CR2E034 (10/03)

4. FEI Number  
**26-0109021**

Applied For  
Not Applied

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

6. Name and Address of Current Registered Agent

**MELCHIORE, FRANK B  
113 1ST STREET EAST #204  
TIERRA VERDE, FL 33715**

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, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**P  
COOPER, MATTHEW R  
43445 CR 374  
PAW PAW, MI 49079**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**TVS  
MELCHIORE, FRANK B  
113 1ST STREET EAST #204  
TIERRA VERDE, FL 33715**

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STREET ADDRESS  
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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 changed, or on an attachment with an address, with a power of attorney.

SIGNATURE:

**Frank B. Melchione T.V.S. 3-14-05**

**727/822-5900**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #