

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

9/2/2005-90013-022-\$550.00-\$550.00

DOCUMENT # P04000149309 1. Entity Name CAPE CO., INC.				 <div style="text-align: right;"> FILED 05 SEP 19 PM 12: 28 SECRETARY OF STATE TALLAHASSEE, FLORIDA </div>	
Principal Place of Business 1223 SW 47TH TERRACE SUITE B CAPE CORAL FL 33904 US		Mailing Address 1223 SW 47TH TERRACE SUITE B CAPE CORAL FL 33904 US			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 57-1214415	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent READ, DANIEL 1223 SW 47TH TERRACE SUITE B CAPE CORAL FL 33904				7. Name and Address of New Registered Agent Name Daniel D. Reed Street Address (P.O. Box Number is Not Acceptable) 1223 SE 47TH Terrace #2 City Cape Coral FL Zip Code 33904	
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 _____ (NOTE: Registered Agent signature required when resigning) DATE _____					
FILE NOW!!! FEE IS \$550.00 DUE BY September 7, 2005 Make Check Payable to Florida Department of State			S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. <input type="checkbox"/>		
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PAGE, KEVIN <input type="checkbox"/> Delete 1223 SW 47TH TERRACE, SUITE B CAPE CORAL FL 33904		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP READ, DANIEL <input checked="" type="checkbox"/> Delete 1223 SW 47TH TERRACE CAPE CORAL FL 33904		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Daniel D. Reed <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1223 SE 47TH Terrace #2 Cape Coral FL 33904	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D READ, DANIEL <input checked="" type="checkbox"/> Delete 1223 SW 47TH TERRACE, SUITE B CAPE CORAL FL 33904		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Daniel D. Reed <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1223 SE 47TH Terrace #2 Cape Coral FL 33904	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PAGE, KEVIN <input type="checkbox"/> Delete 1223 SW 47TH TERRACE, SUITE B CAPE CORAL FL 33904		TITLE NAME STREET ADDRESS CITY-ST-ZIP	... Director <input type="checkbox"/> Change <input type="checkbox"/> Addition Guido Leindecke 14950 Laguna Drive Ft Myers FL 33908	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	5 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: _____ 8-15-05 239-542-0002 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					