


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2005 8:00 am
Secretary of State

04-14-2005 90108 002 ***150.00

DOCUMENT # P04000157128	
1. Entity Name CAPITAL FINANCIAL, INC.	

Principal Place of Business 1962 WEAVER PARK DRIVE CLEARWATER, FL 33765	Mailing Address 1962 WEAVER PARK DRIVE CLEARWATER, FL 33765
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2. Principal Place of Business 2480 EAST BAY DR. Suite, Apt. #, etc. SUITE 28	3. Mailing Address 2480 EAST BAY DR. Suite, Apt. #, etc. SUITE 28
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City & State LARDO, FL	City & State LARDO, FL
Zip 33771	Country PINELLAS
Zip 33771	Country PINELLAS

6. Name and Address of Current Registered Agent LITTLE, THOMAS C 2123 N.E. COACHMAN ROAD SUITE A CLEARWATER, FL 33765	
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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 <u><i>Savas Arvanitakis</i></u> / PRESIDENT SAVAS ARVANITAKIS DATE 4/11/05 <small>(NOTE: Registered Agent signature required when reinstating)</small>	

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP P.S.T.D. SAVAS ARVANITAKIS 2537 PINE COVE LN. CLEARWATER, FL 33761	<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
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
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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: <u><i>Savas Arvanitakis</i></u> / PRESIDENT SAVAS ARVANITAKIS DATE 4/11/05 (727) 47-2430 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	