


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 8:00 am
Secretary of State

01-23-2006 90042 017 ***158.75

DOCUMENT # P04000162034					
1. Entity Name CAPE4FLORIDA-CORP.					
Principal Place of Business 420SW39TH.TER. CAPE CORAL, FL 33914 US			Mailing Address 5320 SW 2ND. PL. CAPE CORAL, FL 33914 US		
2. Principal Place of Business		3. Mailing Address 420SW39TH TER			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State CAPE CORAL, FL		4. FEI Number 81-0663933	
Zip		Zip 33914		Country USA	
6. Name and Address of Current Registered Agent PRESNELL, RICHARD 5320 SW 2ND.PL CAPE CORAL, FL 33914				7. Name and Address of New Registered Agent Name PETER KISSLING Street Address (P.O. Box Number is Not Acceptable) 420 SW 39TH. TER City CAPE CORAL FL Zip Code 33914	
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>PETER KISSLING, P.</u> <u>Peter Kissling P.</u> <u>Jan. 14. 2006</u> <small>Signature, typed or printed name of registered agent and use if applicable (NOTE: Registered Agent signature required when reappointing) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			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 KISSLING, PETER 420 SW39TH. TER CAPE CORAL, FL 33914	<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	VP KISSLING, INGE 420 SW39TH TER CAPE CORAL, FL 33914	<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 exemptions contained in Chapter 119, 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. Kissling Inge Kissling</u> <u>1.13.2006</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					