

2006 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
May 03, 2006 8:00 am
Secretary of State

04-19-2006 90109 033 ***150.00

DOCUMENT # P05000000645

1. Entity Name
CAPERS MUSCLE CARS OF DAYTONA, INC.



Principal Place of Business
**322 RIDGEWOOD AVE
HOLLY HILL, FL 32117**

Mailing Address
**322 RIDGEWOOD AVE
HOLLY HILL, FL 32117**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04152006

Chg-P

CR2E034 (11/05)

4. FEI Number

20-2144199

Applied For

Not Applied

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CAPERS, JOHN
322 RIDGEWOOD AVE
HOLLY HILL, FL 32117**

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

John F. Capers

JOHN F. CAPERS

04-14-06

Signature of agent or printed name of registered agent and use if applicable.

(NOTE: Registered Agent signature required when re-rating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **CAPERS, JOHN**
CITY-ST-ZIP **322 RIDGEWOOD AVE
HOLLY HILL, FL 32117**

TITLE ☐ Change ☐ Ad
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

John F. Capers

John F. Capers

4-28-06

386-566-6623

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #