

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 09, 2006 8:00 am
Secretary of State

08-09-2006 90012 014 ***150.00

DOCUMENT # P05000022587 1. Entity Name CAPERS ON LOCATION INC.					
Principal Place of Business 6910 KINGSTON DR LANTANA, FL 33462			Mailing Address 6910 KINGSTON DR LANTANA, FL 33462		
2. Principal Place of Business 800 E. CAMINO REAL Suite, Apt. #, etc. #214			3. Mailing Address 800 E. CAMINO REAL Suite, Apt. #, etc. #214		
City & State BOCA RATON FL			City & State BOCA RATON FL		
Zip 33432		Country USA		4. FEI Number 43-2074572	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent STEVENSON, SHARON 714 800 E CAMINO REAL #214 BOCA RATON, FL 33432				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 reinstating) <small>Signature, typed or printed name of registered agent and title if applicable</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY ST ZIP	D <input type="checkbox"/> Delete NARDONE, GENEVIEVE 23 RAILSIDE RD TORONTO ONTARIO, M3A1B2		TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY ST ZIP	D <input type="checkbox"/> Delete STEVENSON, SHARON #214-800 E CAMINO REAL BOCA RATON, FL 33432		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  Sharon Stevenson, Pres. 7/17/06 5614452203 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

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