

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000057800

**FILED**  
**Sep 03, 2007**  
**Secretary of State**

**Entity Name:** CAPPARELLI CG ARCHITUECTURE, INC.

**Current Principal Place of Business:**

13066 ROYAL FERN DRIVE  
ORLANDO, FL 32828

**New Principal Place of Business:**

14220 LAKE LIVE OAK DRIVE  
ORLANDO, FL 32828

**Current Mailing Address:**

13066 ROYAL FERN DRIVE  
ORLANDO, FL 32828

**New Mailing Address:**

14220 LAKE LIVE OAK DRIVE  
ORLANDO, FL 32828

**FEI Number:** 56-2510999

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SMALLBIZ AGENTS, LLC  
4244 W. TENNESSEE STREET  
#185  
TALLAHASSEE, FL 32304 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PRES ( ) Delete  
Name: CAPPARELLI, FRANKIE  
Address: 13066 ROYAL FERN DRIVE  
City-St-Zip: ORLANDO, FL 32828

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FRANKIE CAPPARELLI

PRES

09/03/2007

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date