

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000111281

Entity Name: SOUTH CAPE DEVELOPMENT, INC.

FILED  
Apr 29, 2008  
Secretary of State

## Current Principal Place of Business:

5223 SEMINOLE COURT  
CAPE CORAL, FL 33904

## New Principal Place of Business:

1800 MARINA COURT  
N. FT. MYERS, FL 33993

## Current Mailing Address:

5223 SEMINOLE COURT  
CAPE CORAL, FL 33904

## New Mailing Address:

PO BOX 150958  
CAPE CORAL, FL 33915

FEI Number: 20-3459990

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SPITLER, JOHN  
5223 SEMINOLE COURT  
CAPE CORAL, FL 33904 US

## Name and Address of New Registered Agent:

SPITLER, JOHN  
1800 MARINA CT.  
NT. FT. MYERS, FL 33993 US

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:

04/29/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: SPITLER, JOHN  
Address: 5223 SEMINOLE COURT  
City-St-Zip: CAPE CORAL, FL 33904

Title: VPST ( ) Delete  
Name: HAIR, TOM  
Address: 5203 SEMINOLE COURT  
City-St-Zip: CAPE CORAL, FL 33904

Title: D ( ) Delete  
Name: HAIR, TOM  
Address: 5203 SEMINOLE COURT  
City-St-Zip: CAPE CORAL, FL 33904

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: SPITLER, JOHN  
Address: 1800 MARINA CIRCLE  
City-St-Zip: NT. FT. MYERS, FL 33993

Title: VPST (X) Change ( ) Addition  
Name: HAIR, TOM  
Address: 1800 MARINA CIRCLE  
City-St-Zip: N. FT. MYERS, FL 33993

Title: D (X) Change ( ) Addition  
Name: HAIR, TOM  
Address: 1800 MARINA CIRCLE  
City-St-Zip: N. FT. MYERS, FL 33993

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: JOHN D. SPITLER

PD

04/29/2008

Electronic Signature of Signing Officer or Director

Date