

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000111281

FILED
Apr 30, 2009
Secretary of State

Entity Name: SOUTH CAPE DEVELOPMENT, INC.

Current Principal Place of Business:

1800 MARINA COURT
N. FT. MYERS, FL 33993

New Principal Place of Business:

216 S. LOMBARDY LOOP
FRUIT COVE, FL 32259

Current Mailing Address:

PO BOX 150958
CAPE CORAL, FL 33915

New Mailing Address:

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

Name and Address of New Registered Agent:

SPITLER, JOHN
216 S. LOMBARDY LOOP
FRUIT COVE, FL 32259 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: JOHN SPITLER

04/30/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: SPITLER, JOHN
Address: 216 S. LOMBARDY LOOP
City-St-Zip: FRUIT COVE, FL 32259

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

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: JOHN SPITLER

PD

04/30/2009

Electronic Signature of Signing Officer or Director

Date