

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P05000133212

1. Entity Name
CAPE HAZE CM, INC.



FILED

2007 SEP -5 PM 1:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
1840 PHILLIPPI SHORES DR.
SARASOTA, FL 34231

Mailing Address
26212 MADRAS CT
PUNTA GORDA, FL 33983

2. Principal Place of Business - No P.O. Box #

1921 Monte Carlo Drive

Suite, Apt. #, etc.
Unit 703

City & State
Sarasota, Florida

Zip
34231

Country
USA

3. Mailing Address

1921 Monte Carlo Drive

Suite, Apt. #, etc.
Unit 703

City & State
Sarasota, Florida

Zip
34231

Country
USA

08222007

Chg-P

CR2E034 (12/06)

4. FEI Number
20-3599924

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SEIDER, WILLIAM M.
200 S. ORANGE AVE.
SARASOTA, FL 34236

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DPST
PALMER, PHILIP J
25365 RAMPART BLVD
PUNTA GORDA, FL 33983 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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CITY-ST-ZIP
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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
MORRIS, ROBERT A JR
1921 MONTE CARLO DRIVE, UNIT 703
SARASOTA, FLORIDA 34231 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VDST
MORRIS, ROBERT A III
1921 MONTE CARLO DRIVE, UNIT 703
SARASOTA, FLORIDA 34231 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
200109182152
09/07/07--01012--006 **\$61.25 ☐ Change ☐ Addition

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

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

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

Robert A. Morris, Jr.

ROBERT A. MORRIS, JR, PRESIDENT

08/27/07

941-923-6353

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9/5aw