


2006 FOR PROFIT CORPORATION ANNUAL REPORT

8/ **FILED**
Sep 12, 2006 8:00 am
Secretary of State

08-21-2006 90002 010 ***150.00

DOCUMENT # P05000133901					
1. Entity Name RING TAIL CAPUCHIN, INC.					
Principal Place of Business 11605 CR 301 WILDWOOD, FL 34785		Mailing Address P.O. BOX 1945 WILDWOOD, FL 34785			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 33-1125098	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
VEIT, CHARLES J 11605 CR 301 WILDWOOD, FL 34785			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 _____ (NOTE: Registered Agent signatures required when reinstating) _____ DATE _____					
FILE NOW!!! FEE IS \$150.00 Duo 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	TITLE	NAME
	<i>President</i>	<i>11605 WARM SPRINGS RD (301)</i>	<i>WILDWOOD, FL 34785</i>		
	<i>Sec.</i>	<i>JOAN M. VEIT</i>	<i>(AS ABOVE)</i>		
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: <i>Charles Veit</i>		Date: <i>08-15-06</i>		Daytime Phone #: <i>352-748-5523</i>	