


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2007 8:00 am
Secretary of State

03-19-2007 90077 014 ***158.75

DOCUMENT # P06000117381	
1. Entity Name UNICAP, INC.	

Principal Place of Business 122 OLD BRICK RD. EAST PALATKA, FL 32131	Mailing Address 122 OLD BRICK RD. EAST PALATKA, FL 32131
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2. Principal Place of Business - No P.O. Box # 1650 NE 23rd Ave	3. Mailing Address 122 Old Brick Rd
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Gainesville FL	City & State EAST PALATKA, FL
Zip 32609	Zip 32131
Country Alachua	Country Putnam

6. Name and Address of Current Registered Agent CAP, MARTIN 122 OLD BRICK RD. EAST PALATKA, FL 32131	
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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing - Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD CAP, MARTIN 122 OLD BRICK RD. EAST PALATKA, FL 32131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: MARTIN J. CAP - PRESIDENT - 03/14/2007 352-494-7890
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #