

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 09, 2008 8:00 am**  
**Secretary of State**

04-09-2008 90115 001 \*\*\*150.00  
04-09-2008 90115 002 \*\*\*\*\*8.75

**DOCUMENT # P07000023266**

1. Entity Name  
**CAPRI FARM STORE, INC.**



Principal Place of Business  
**3914 DEL PRADO BLVD S  
CAPE CORAL, FL 33904**

Mailing Address  
**3914 DEL PRADO BLVD S  
CAPE CORAL, FL 33904**

**66006199**



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04022008

Chg-P

CR2E034 (12/06)

City & State

City & State

4. FEI Number

**20-8506019**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**HERNANDEZ, NANCY  
1407 SE 19TH STREET  
CAPE CORAL, FL 33990**

7. Name and Address of New Registered Agent

Name **Daimarys De Quesada**

Street Address (P.O. Box Number is Not Acceptable)  
**1301 S.W. 15 Street**

City **Cape Coral**

**FL**

Zip Code **33991**

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]*

**04/02/2008**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution.

☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **DP** ☐ Delete  
NAME **HERNANDEZ, NANCY**  
STREET ADDRESS **1407 SE 19TH STREET**  
CITY-ST-ZIP **CAPE CORAL, FL 33990**

TITLE **DVP** ☒ Delete  
NAME **PADRON, JR., ORESTES**  
STREET ADDRESS **4324 SW 7TH AVE**  
CITY-ST-ZIP **CAPE CORAL, FL 33914**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **NEW PRESIDENT** ☐ Change ☒ Addition  
NAME **Daimarys De Quesada**  
STREET ADDRESS **1301 S.W. 15th Street**  
CITY-ST-ZIP **Cape Coral-Florida-33991**

TITLE **SECRETARY** ☒ Change ☐ Addition  
NAME **Nancy Hernandez**  
STREET ADDRESS **1407 S.E. 19th Street**  
CITY-ST-ZIP **Cape Coral-Florida-33990**

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

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

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

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

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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**04/02/08**

**239-362-8555**

Date

Daytime Phone #