

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000024573

Entity Name: CAPS REPAIR INC

**FILED**  
**Apr 10, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

7475 W HIGHWAY 318  
REDDICK, FL 32686

**New Principal Place of Business:**

**Current Mailing Address:**

22848 HIGHWAY 441 NORTH  
MICANOPY, FL 32667

**New Mailing Address:**

FEI Number: 26-4480487

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BERRY, CRAIG T  
22848 HIGHWAY 441 NORTH  
MICANOPY, FL 32667 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: BERRY, CRAIG T  
Address: 22848 HIGHWAY 441 NORTH  
City-St-Zip: MICANOPY, FL 32667

Title: VP  
Name: BERRY, PAUL  
Address: 11730 SW 122ND ST.  
City-St-Zip: GAINESVILLE, FL 32608

Title: ST  
Name: BURTTAM, WILLIAM D  
Address: 13345 NE 37TH TERR  
City-St-Zip: ANTHONY, FL 32617

I hereby 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 all other like empowered.

SIGNATURE: CRAIG BERRY

P

04/10/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date