2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # P93000031341

JOHN M. CAPPELLER, JR., P.A.



FILED Apr 30, 2007 08:00 A Secretary of State

Principal Place of Business

350 CAMINO GARDENS BLVD

303

BOCA RATON, FL 33432 US

Mailing Address

350 CAMINO GARDENS BLVD.

SUITE 303

BOCA RATON, FL 33432



DO NOT WRITE IN THIS SPACE

No Chg-P CR2E034 (11/05) 04272007

4. FEI Number 65-0403772 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CAPPELLER, JOHN M JR. 350 CAMINO GARDENS BLVD #303

BOCA RATON, FL 33432

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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.

10.

TITLE NAME

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

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

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

NAME STREET ADDRESS CITY-ST-ZIP

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

OFFICERS AND DIRECTORS

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00

CAPPELLER, JOHN M JR.

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

350 CAMINO GARDENS BLVD #303 BOCA RATON, FL 33432 000000740623 05/14/07-80075-009 150.00

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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 attachmen

SIGNATURE:

NAME OF SIGNING OFFICER OR DIRECTOR