


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 18, 2007 8:00 am**  
**Secretary of State**

04-18-2007 90182 034 \*\*\*150.00

<b>DOCUMENT # P93000071312</b>	
1. Entity Name <b>CAPE AND ISLANDS REALTY CORP.</b>	

Principal Place of Business <b>267 NORTH COLLIER BLVD. MARCO ISLAND FL 33937</b>	Mailing Address <b>267 NORTH COLLIER BLVD. MARCO ISLAND FL 33937</b>
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E034 (10/06)

4. FEI Number <b>65-0443388</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		
6. Name and Address of Current Registered Agent <b>WHITE, ROBERT L 267 NORTH COLLIER BLVD. MARCO ISLAND FL 33937</b>		7. Name and Address of New Registered Agent Name <u>Lillian Conway</u> Street Address (P.O. Box Number is Not Acceptable) <u>267 N. Collier Blvd.</u> City <u>Marco Island,</u> FL Zip Code <u>34145</u>

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 Lillian Conway Lillian Conway 4/6/07  
Signature, typed or printed name of registered agent, while applicable. (NOTE: Registered Agent signature required when registering) DATE

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST ANGUS, DONALD HENRY 6 JEFFERSON SHORES RD BUZZARD'S BAY MA 02532 <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 Section 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: Donald Henry Angus Donald H Angus 4/6/07 (239) 642-4247  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #