2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P95000059132

1. Entity Name
CAP PRO CORPORATION

Principal Place of Business	Mailing Address
2545 SOUTH ATLANTIC AVENUE SUITE 1608 DAYTONA BEACH SHORES, FL 32118 US	2545 SOUTH ATLANTIC AVENUE SUITE 1608 DAYTONA BEACH SHORES, FL 32118 US

DO NOT WRITE IN THIS SPACE

01312005   No Chg-P   CR2E034 (10/03)

4. FEI Number 56-1852612	Applied For
	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CARL, ROBIN D
2545 SOUTH ATLANTIC AVENUE
SUITE 1608
DAYTONA BEACH SHORES, FL 32118

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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.

SIGNATURE _____   DATE _____
Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐   **$5.00** May Be Added to Fees

10.   OFFICERS AND DIRECTORS

TITLE	P
NAME	CARL, ROBIN D
STREET ADDRESS	2545 SOUTH ATLNATIC AVENUE, #1608
CITY-ST-ZIP	DAYTONA BEACH SHORES, FL 32118
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
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CITY-ST-ZIP	

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04/20/05-80003-025 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ Robin D Carl President   4/15/05   386-304-1958
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #