## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## DOCUMENT # P95000059132

1. Entity Name

CAP PRO CORPORATION



Principal Place of Business

2545 SOUTH ATLANTIC AVENUE

SUITE 1608

DAYTONA BEACH SHORES, FL 32118 US

Mailing Address

2545 SOUTH ATLANTIC AVENUE

**SUITE 1608** 

DAYTONA BEACH SHORES, FL 32118

B US

## FILED Apr 24, 2006 8:00 am Secretary of State

04-24-2006 90420 010 \*\*\*150.00

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No Chg-P

CR2E034 (11/05)

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

## DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the plions of registered agent.	urpose of changing its registere	ed office or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE_					
	Signature, typed or printed name of registered agent and title II	applicable. (NQTE: Registered	l Agent signature	required when reinstating)	DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		<ol><li>Election Campaign Finan Trust Fund Contribution.</li></ol>	cing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CARL, ROBIN D 2545 SOUTH ATLNATIC AVENUE, #1 DAYTONA BEACH SHORES, FL 321				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Denise Tempest 127 W. Berger ST. EMMANS PA 18049				
TITLE NAME STREET ADDRESS CETY-ST-ZIP			DO NOT WRITE IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS					

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 withen address, with all other like empowered.

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SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Pril 14,2005 386-30

Daytime Phone #