


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 13, 2007 08:00 AM
Secretary of State

DOCUMENT # P96000047528						
1. Entity Name CAPE CORAL CORPORATION						
Principal Place of Business 1217 CAPE CORAL PKWY #220 CAPE CORAL, FL 33904	Mailing Address 1217 CAPE CORAL PKWY #220 CAPE CORAL, FL 33904					
DO NOT WRITE IN THIS SPACE						
		<div style="text-align: right;">03292007 No Chg-P CR2E034 (11/05)</div> <table border="1" style="width:100%"><tr><td>4. FEI Number 65-0689128</td><td>Applied For Not Applicable</td></tr><tr><td colspan="2">5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required</td></tr></table>	4. FEI Number 65-0689128	Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
4. FEI Number 65-0689128	Applied For Not Applicable					
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required						
6. Name and Address of Current Registered Agent						
MCLOUGHLIN, JAMES A 1217 CAPE CORAL PARKWAY SUITE 220 CAPE CORAL, FL 33904		DO NOT WRITE IN THIS SPACE				
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____						
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees				
10. OFFICERS AND DIRECTORS						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST MCLOUGHLIN, JAMES A 2927 SW 40TH ST CAPE CORAL, FL					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP SMITH, ROBERT W 5504 SW 5TH AVE CAPE CORAL, FL 33914					
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
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DO NOT WRITE IN THIS SPACE						
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 with an address, with all other like empowered.						
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> JAMES A. MCLOUGHLIN		Date 4-11-07 Daytime Phone # _____				