

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90099 031 ***150.00

DOCUMENT # P96000102858

1. Entity Name

CAP-MAR, INC.



Principal Place of Business

3365 AVIATION BLVD.
VERO BEACH FL 32960

Mailing Address

2511 ATLANTIC BLVD.
VERO BEACH FL 32960

2. Principal Place of Business

2511 Atlantic Blvd

3. Mailing Address

Suite, Apt. #, etc.

City & State

VERO BEACH FL

City & State

Zip

32960

Country

INC. R.I.V.

Zip

Country

4. FEI Number

65-0713203

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CAPPELEN, RUSSELL G
2511 ATLANTIC BLVD.
VERO BEACH FL 32960

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reissuing)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME CAPPELEN, RUSSELL G
STREET ADDRESS 2511 ATLANTIC BLVD.
CITY-ST-ZIP VERO BEACH FL 32960

TITLE D ☐ Delete
NAME CAPPELEN, MARCELLA
STREET ADDRESS 2511 ATLANTIC BLVD.
CITY-ST-ZIP VERO BEACH FL 32960

TITLE VP ☐ Delete
NAME CAPPALAN, DAVID M
STREET ADDRESS 2408 ATLANTIC BLVD
CITY-ST-ZIP VERO BCH FL 32960

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-15-06

Date

772-567-5729

Daytime Phone #