

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Feb 03, 2004 08:00 AM  
Secretary of State**

**DOCUMENT # P97000031534**

1. Entity Name  
**CAPITAL FINANCIAL PARTNERS, INC.**



Principal Place of Business

**15051 SW 16 AVE  
OCALA, FL 34473**

Mailing Address

**15051 SW 16 AVE  
OCALA, FL 34473**

**DO NOT WRITE IN THIS SPACE**



02022004 No Chg-P CR2E034 (10/03)

4. FEI Number  
**65-0766131**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**SCOTT-JONES, SHELLEY  
15055 SW 16 AVE  
OCALA, FL 34473**

**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 \_\_\_\_\_

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

(NOTE: Registered Agent signature required when reconstituting)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**1000000031942  
02/04/04-80169-017 150.00**

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	SCOTT-JONES, SHELLEY
STREET ADDRESS	15055 SW 16 AVE
CITY-ST-ZIP	OCALA, FL 34473
TITLE	D
NAME	SCOTT-JONES, ADRIAN
STREET ADDRESS	15055 SW 16 AVE
CITY-ST-ZIP	OCALA, FL 34473
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:** Shelley Scott  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/2/04

Date

352/307-8998

Daytime Phone #