

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000041010

Entity Name: CAPRI INDUSTRIES, INC.

FILED
Apr 02, 2007
Secretary of State

Current Principal Place of Business:

136 NORTH ONE DRIVE
ST. AUGUSTINE, FL 32095

New Principal Place of Business:

Current Mailing Address:

136 NORTH ONE DRIVE
ST. AUGUSTINE, FL 32095

New Mailing Address:

FEI Number: 65-0755503

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FINK, JACQUELYN K
601 HANNAH PARK LN
ST. AUGUSTINE, FL 32095 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPS () Delete
Name: FINK, JACQUELYN K
Address: 601 HANNAH PARK LN
City-St-Zip: ST. AUGUSTINE, FL 32095

Title: DVPT () Delete
Name: HIESTER, SHAWN P
Address: 441 W. MILL CHASE CT.
City-St-Zip: PONTE VEDRA BEACH, FL 32082

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DVPT (X) Change () Addition
Name: HIESTER, SHAWN P
Address: 1788 NORTH LOOP PARKWAY
City-St-Zip: ST AUGUSTINE, FL 32095

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JACQUELYN K FINK

PRES

04/02/2007

Electronic Signature of Signing Officer or Director

_____ Date