

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000041010

Entity Name: CAPRI INDUSTRIES, INC.

FILED  
Mar 30, 2009  
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: 1788 NORTH LOOP PARKWAY  
City-St-Zip: ST AUGUSTINE, FL 32095

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

Title: VP ( ) Change (X) Addition  
Name: FINK, GARY W  
Address: 60 SURF VIEW DRIVE UNIT 524  
City-St-Zip: PALM COAST, FL 32137

I hereby certify that the information supplied with this filing does not qualify 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

DPS

03/30/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date