## 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:			New Principal Place of Business:			
	H ONE DRIVE STINE, FL 32					
Current Mailing Address:			New Mailing Address:			
	H ONE DRIVE STINE, FL 320					
FEI Number:	: 65-0755503	FEI Number Applied For ( )	FEI Number Not Appl	icable ( ) Ce	rtificate of Status Desired	d ( )
Name and	Address of C	urrent Registered Agent:	Name and	Address of New	Registered Agent:	
601 ĤANN	QUELYN K IAH PARK LN STINE, FL 32	095 US				
The above in the State	named entity s e of Florida.	submits this statement for the p	purpose of changing i	ts registered office	e or registered agent, o	or both,
SIGNATUF	RE:					
Electronic Signature of Registered Age			ent	Date		
Election Can	npaign Financing	g Trust Fund Contribution ( ).				
OFFICERS	S AND DIREC	TORS:	ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
Title: Name: Address: City-St-Zip:	DPS ( ) FINK, JACQUE 601 HANNAH P ST. AUGUSTINI	ARK LN	Title: Name: Address: City-St-Zip:	( ) Cha	inge ( ) Addition	
Title: Name: Address: City-St-Zip:	HIESTER, SHA	OOP PARKWAY	Title: Name: Address: City-St-Zip:	( ) Cha	inge ( ) Addition	
Title: Name: Address: City-St-Zip:	( )	Delete	Title: Name: Address: City-St-Zip:	FINK, GARY W 60 SURF VIEW DRI		

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