


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 10, 2004 8:00 am**  
**Secretary of State**

05-10-2004 90482 046 \*\*\*150.00

<b>DOCUMENT # P97000044872</b>		
1. Entity Name CAPITAL CONSULTANTS OF SOUTH FLORIDA, INC.		

Principal Place of Business <del>5100 N. TAMiami TRAIL</del> <u>5001 Maxwell</u> <del>STE 103</del> <u>CIRCLE #202</u> <del>NAPLES, FL 34103</del> <u>NAPLES, FL</u>	Mailing Address 5001 MAXWELL CIR. #202 NAPLES, FL 34105 US
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04282004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0494441	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  DAVIS, LAUREN J. 5001 MAXWELL CIR. UNIT #202 NAPLES, FL 34105
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**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 Lauren J. Davis DATE 4/30/04  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST DAVIS, LAUREN J 5001 MAXWELL CIR. #202 NAPLES, FL 34105
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**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: Lauren J. Davis DATE 4/30/04 DAYTIME PHONE # (239) 649-0808  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**To receive a form by mail:**

- Detach this postcard.
- Enter change of address, if applicable.
- Affix postage on reverse side and mail.
- Allow 7-10 business days to receive form.

P97000044872

CAPITAL CONSULTANTS OF SOUTH FLORIDA, INC.

5001 MAXWELL CIR. #202

NAPLES FL 34105-4529

**Change of Address**

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CR2E095 10/03



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
Glenda E. Hood  
DIVISION OF CORPORATIONS  
P.O. Box 6327  
Tallahassee, Florida 32314

First-Class Mail  
U.S. Postage  
**PAID**  
State of Florida  
84321

**ANNUAL REPORT NOTICE**

0856055 01 AV 0.170 \*\*AUTO\*\* T9 1 1201 34105-452952

CAPITAL CONSULTANTS OF SOUTH FLORIDA, INC.  
5001 MAXWELL CIR. #202  
NAPLES FL 34105-4529

Doc# P97000044872  
Annual Report - Registered Agent - unchanged  
FEI # 65-0494441 All report info unchanged.  
Officers & Directors unchanged.

I 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 in 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 on an attachment with an address, with all other like empowered.

RE:

Lauren J. Lewis, President 4/15/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #