

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 29, 2004 8:00 am**  
**Secretary of State**

04-29-2004 90292 043 \*\*\*150.00

**DOCUMENT # P97000063828**

1. Entity Name  
**CAPITOL RESORTS OF FLORIDA, INC.**



Principal Place of Business  
**1200 N. OCEAN BLVD.  
POMPANO BEACH, FL 33062 US**

Mailing Address  
**10605 D MAUNELLE BLVD  
MAUMELLE, AR 72113 US**

**DO NOT WRITE IN THIS SPACE**



02122004 No Chg-P CR2E034 (10/03)

4. FEI Number  
**65-0772544**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

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

**WALLACK, MICHAEL M ESQ -**  
**2055 WOOD STREET**  
**SUITE 215**  
**SARASOTA, FL 34237**  
*Sarasota City Center, Suite 1100*  
*1819 Main Street*  
*Sarasota, FL 34236*

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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 reinstating)

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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DEHAVEN, JOHN W 10605 C. MAUMELLE BLVD. MAUMELLE, AR 72113
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S POOLE, JANET 10605 MAUMELLE BLVD., STE C MAUMELLE, AR 72113
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT PAES, DAVID R 7416 TOLTEC DR. NORTH LITTLE ROCK, AR 72116
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*David R. Paes* **DAVID R. PAES** 4-22-04 501-753-6923