2005 FOR PROFIT CORPORATION ANNUAL REPORT

7.

FILED
Aug 01, 2005 8:00 am
Secretary of State

07-06-2005 90032 013 ***150.00
08-01-2005 90027 024 ***400.00

50058927

06302005 Chg-P CR2E034 (10/03)

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 MAUMELLE BLVD~~
MAUMELLE, AR 72113 US

2. Principal Place of Business: 10605 D Maumelle Blvd
Suite, Apt. #, etc.:
City & State: Maumelle, Arkansas
Zip: 72113 Country:

3. Mailing Address: P.O. Box 13256
Suite, Apt. #, etc.:
City & State: Maumelle, Arkansas
Zip: 72113 Country:

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
SARASOTA CITY CENTER, SUITE 1100
1819 MAIN STREET
SARASOTA, FL 34236

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☒ Change ☐ Addition
NAME		
STREET ADDRESS	P.O. Box 13256	
CITY-ST-ZIP	Maumelle, AR 72113	
TITLE		☒ Change ☐ Addition
NAME		
STREET ADDRESS	P.O. Box 13256	
CITY-ST-ZIP	Maumelle, AR 72113	
TITLE		☒ Change ☐ Addition
NAME		
STREET ADDRESS	P.O. Box 13256	
CITY-ST-ZIP	Maumelle, AR 72113	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: _____ DAVID R. PAES V.P. 6/30/05 501-753-6923
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #