2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 01, 2005 8:00 am
Secretary of State
07-06-2005 90032 013 ***150.00
08-01-2005 90027 024 ***400.00

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06302005 Chg-P CR2E034 (10/03)

DOCUMENT # P97000063828

1. Entity Name
CAPITOL RESORTS OF FLORIDA, INC.

Principal Place of Business	Mailing Address
~~1200 N. OCEAN BLVD.~~ ~~POMPANO BEACH, FL 33062 US~~	~~10605 D MAUMELLE BLVD~~ MAUMELLE, AR 72113 US

2. Principal Place of Business	3. Mailing Address
10605 D Maumelle Blvd	P.O. Box 13256
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Maumelle, Arkansas	City & State: Maumelle, Arkansas
Zip: 72113 Country	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	7. Name and Address of New Registered Agent
WALLACK, MICHAEL M ESQ SARASOTA CITY CENTER, SUITE 1100 1819 MAIN STREET SARASOTA, FL 34236	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 _____ DATE
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
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P DEHAVEN, JOHN W 10605 C. MAUMELLE BLVD. MAUMELLE, AR 72113	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition P.O. Box 13256 Maumelle, AR 72113	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S POOLE, JANET 10605 MAUMELLE BLVD., STE C MAUMELLE, AR 72113	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition P.O. Box 13256 Maumelle, AR 72113	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VT PAES, DAVID R 7416 TOLTEC DR. NORTH LITTLE ROCK, AR 72116	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition P.O. Box 13256 Maumelle, AR 72113	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition	

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 #