2008 FOR PROFIT CORPORATION ANNUAL REPORT

May 16, 2008 8:00 am Secretary of State DOCUMENT # P97000076149 05-16-2008 90023 017 ***150.00 CAPPER ROAD DEVELOPMENT, INC. Principal Place of Business Mailing Address 4315 PABLO OAKS COURT, STE, 1 4315 PABLO OAKS COURT, STE. 1 JACKSONVILLE, FL 32224-9667 US JACKSONVILLE, FL 32224-9667 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04222008 CR2E034 (12/06) Cha-P City & State City & State Applied For 4 FEI Number 59-3469572 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent STOKES, E C JR Street Address (P.O. Box Number is Not Acceptable) 4315 PABLO OAKS CT. SUITE 1 JACKSONVILLE, FL 32224 City Zip Code FL 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, 2008 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. DP TITLE ☐ Delete TITLE ☐ Addition ☐ Change STOKES, E C JR NAME NAME STREET ADDRESS 4315 PABLO OAKS COURT, STE. 1 STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 322249667 CITY-ST-ZIP ☐ Delete □ Change ■ Addition TITLE PUTNAL, JAMES E NAME NAME STREET ADDRESS 4315 PABLO OAKS COURT, STE. 1 STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 322249667 CTTY-ST-ZIP TITLE ☐ Delete TITLE Change Addition BRAREN, MICHAEL E NAME NAME STREET ADDRESS 4315 PABLO OAKS COURT, STE. 1 STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 322249667 CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE FREDENHAGEN, SHARON W NAME NAME 4315 PABLO OAKS COURT, STE. 1 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 322249667 CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITL F HICE, SHERRY NAME NAME STREET ADDRESS 4315 PABLO OAKS COURT, STE. 1 STREET ADDRESS JACKSONVILLE, FL 322249667 CITY-ST-ZIP CITY-ST-7IP ☐ Oclete ☐ Change Addition TITLE TITLE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.

CITY-ST-ZIP

NAME STREET ADDRESS

SIGNATURE:

NAME

STREET ADDRESS CITY-ST-7(P

RE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone i

FILED