

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P98000030033

Entity Name: CAPPUCCI SERVICES, INC.

**FILED**  
**Mar 21, 2012**  
**Secretary of State**

## **Current Principal Place of Business:**

10867 HARBORSIDE DRIVE  
LARGO, FL 33773

## **New Principal Place of Business:**

10867 HARBORSIDE DRIVE  
LARGO, FL 33773 US

## **Current Mailing Address:**

10867 HARBORSIDE DRIVE  
LARGO, FL 33773

## **New Mailing Address:**

10867 HARBORSIDE DRIVE  
LARGO, FL 33773 US

FEI Number: 59-3498664

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## **Name and Address of Current Registered Agent:**

CAPPUCCI, MICHAEL  
10867 HARBORSIDE DRIVE  
LARGO, FL 33773 US

## **Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

## **OFFICERS AND DIRECTORS:**

Title: PDT  
Name: CAPPUCCI, MICHAEL  
Address: 10867 HARBORSIDE DRIVE  
City-St-Zip: LARGO, FL 33773

Title: VDS  
Name: CAPPUCCI, JOIA  
Address: 10867 HARBORSIDE DR  
City-St-Zip: LARGO, FL 33773

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JOIA CAPPUCCI

VP

03/21/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date