

2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-29-2004 90207 017 ***150.00

DOCUMENT # P98000038922

1. Entity Name
 CAPITOL SB DEVELOPMENT CORPORATION



Principal Place of Business
 10605 MAUMELLE BLVD.
 SUITE C
 MAUMELLE, AR 72113

Mailing Address
 PO BOX 13246
 MAUMELLE, AR 72113



02122004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 58-2406648	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WALLACK, MICHAEL M ESQ.
 2055 WOOD ST. STE 215 Sarasota City Center, Suite 1100
 SARASOTA, FL 34237 1819 Main Street
 Sarasota, FL 34236

DO NOT WRITE 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 _____ (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	PSD DEHAVEN, JOHN (JAY) W 10605 MAUMELLE BLVD. #C MAUMELLE, AR. 72113
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT PAES, DAVID R 10605 MAUMELLE BLVD #C MAUMELLE, AR 72113
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS POOLE, JANET 10605 MAUMELLE BLVD C MAUMELLE, AR 72113
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE 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: David R Paes DAVID R PAES 4-22-04 501-753-6923
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #