

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

04-29-2004 90207 017 ***150.00

DOCUMENT # F98000038922

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)

4. FEI Number
58-2406648

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

WALLACK, MICHAEL M ESQ.

**2055 WOOD ST. STE 215
SARASOTA, FL 34237**
*Sarasota City Center, Suite 1100
1819 Main Street
Sarasota, FL 34234*

**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

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, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID R PAES
DAVID R PAES

4-22-04
Date

501-753-6923
Daytime Phone #