

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000039863

1. Entity Name
CAPITAL INVESTORS GROUP, INC.



Principal Place of Business
284 EAST PALMETTO AVE.
LONGWOOD, FL 32750 US

Mailing Address
284 EAST PALMETTO AVE.
LONGWOOD, FL 32750 US

FILED
Aug 18, 2008 08:00 AM
Secretary of State



05022008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
58-2392066

Applied For
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

POCHEDLEY, DENNIS
218 MOCKINGBIRD LANE
WINTER SPRINGS, FL 32708

**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
Due by September 12, 2008

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HUGHES, JESSIE 1407 WREN CT LONGWOOD, FL 32750
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDT POCHEDLEY, DENNIS 218 MOCKINGBIRD LN WINTER SPRINGS, FL 32708
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD POCHDLEY, DANIEL P O BOX 35064 SIESTA KEY, FL 34278
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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08/18/08-80005-007 158.75

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IN THIS SPACE**

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DENNIS POCHEDLEY

Date

U.P. 8/18/08 407 830 8191

Daytime Phone #