2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 14, 2005 08:00 AM Secretary of State

ANNUAL REPORT			red 14, 2005 08:00	
DOCUMENT # P98000 1. Entity Name CAP MANAGEMENT, INC.	099497		Secretary of S	State
Principal Place of Business		-3617		
	TE IN THIS SPA	CE	01252005 No Chg-P CR2E034 (10/03) 4. FEI Number Applie	ied For applicable
6. Name and Address of Co CAPUTO, JAMES 8307 MURIFIELD WAY PORT SAINT LUCIE, FL 34986			DO NOT WRITE IN THIS SPACE	
8. The above named entity submits this staten the obligations of registered agent. SIGNATURE Signature, types or printed name of registere	Corre	ered office or register	ered agent, or both, in the State of Florida. I am familiar with, and additionally and when reinstaling).	d accept
FILE NOW!!! FEE IS \$150.0		ancing \$5	5.00 May Be	
10. OFFICERS INTLE PD NAME CAPUTO, JAMES R STREET ADDRESS 8307 MURIFIELD WAY CITY-ST-ZIP PORT SAINT LUCIE, FL 3-	AND DIRECTORS		100000228257 	י מח
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME CONSET ADDRESS				· ve
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS 'CITY-ST-ZIP			DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS GRY-ST-ZIP TITLE NAME				· .
STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplies indicated on this report or supplemental re of the corporation or the receiver or trusted changed, or on an attachment with an additional contents.	od with this filing does not qualify for the export is true and accurate and that my signs empowered to execute this report as request, with an attention the empowered.	emption stated in Se lature shall have the ulred by Chapter 607	Section 119.07(3)(i), Florida Statutes. I further certify that the Info e same legal effect as if made under oath; that I am an officer or 07, Florida Statutes; and that my name appears in Block 10 or Bl	rmation director lock 11 if

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Daytime Phone #

SIGNATURE: <