

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 22, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # P99000045173

1. Entity Name  
CAPITAL PARTNERS, INC.



Principal Place of Business  
ONE INDEPENDENT DRIVE  
SUITE 114  
JACKSONVILLE, FL 32202

Mailing Address  
ONE INDEPENDENT DRIVE  
SUITE 114  
JACKSONVILLE, FL 32202



04052004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3583790  
Applied For  
Not Applicable  
5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

EVANS, WILLIAM G  
ONE INDEPENDENT DRIVE  
SUITE 114  
JACKSONVILLE, FL 32202

**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**

U000000125803  
04/23/04-80007-022 150.00

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	HEISTAND, JAMES R
STREET ADDRESS	512 E WASHINGTON ST, STE 200
CITY-ST-ZIP	ORLANDO, FL 32801
TITLE	VP
NAME	EVANS, WILLIAM G
STREET ADDRESS	ONE INDEPENDENT DRIVE, STE 114
CITY-ST-ZIP	JACKSONVILLE, FL 32202
TITLE	S
NAME	CHALKER, MARGARET R
STREET ADDRESS	ONE INDEPENDENT DRIVE, STE 114
CITY-ST-ZIP	JACKSONVILLE, FL 32202
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

4/20/04 (904)356-1978  
Date Daytime Phone #