


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 08:00 AM
Secretary of State

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| DOCUMENT # P99000045173 |  |
| 1. Entity Name CAPITAL PARTNERS, INC. | |

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| Principal Place of Business ONE INDEPENDENT DRIVE SUITE 114 JACKSONVILLE, FL 32202 | Mailing Address ONE INDEPENDENT DRIVE SUITE 114 JACKSONVILLE, FL 32202 |
|--|--|

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating)

Signature, typed or printed name of registered agent and title if applicable _____ DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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 | P HEISTAND, JAMES R 512 E WASHINGTON ST, STE 200 ORLANDO, FL 32801 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP EVANS, WILLIAM G ONE INDEPENDENT DRIVE, STE 114 JACKSONVILLE, FL 32202 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S CHALKER, MARGARET R ONE INDEPENDENT DRIVE, STE 114 JACKSONVILLE, FL 32202 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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05/04/05-80105-005 150.00

**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)(f), 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: Margaret Chalker Secretary 4/28/05 356-1978 (904)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Margaret Chalker Date Daytime Phone #