

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P99000063319

1. Entity Name  
CAPRI ISLE MANAGEMENT, INC.



Principal Place of Business  
6090 CENTRAL AVE., STE.103  
ST. PETERSBURG, FL 33710

Mailing Address  
6090 CENTRAL AVE., STE.103  
ST. PETERSBURG, FL 33710

**FILED  
Apr 27, 2004 8:00 am  
Secretary of State**

04-27-2004 90066 022 \*\*\*158.75

94067729



04212004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3586946	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

EDWARDS, WILLIAM  
6090 CENTRAL AVE., STE.103  
ST. PETERSBURG, FL 33710

**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: P  
NAME: EDWARDS, WILLIAM  
STREET ADDRESS: 6090 CENTRAL AVENUE  
CITY-ST-ZIP: SAINT PETERSBURG, FL 33707

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 or after like empowered.**

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Willy Edwards 4-21-04 727-347-1930*