

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P99000063319

**FILED**  
**Jan 17, 2011**  
**Secretary of State**

**Entity Name:** CAPRI ISLE MANAGEMENT, INC.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

**FEI Number:** 59-3586946

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: EDWARDS, WILLIAM  
Address: 6090 CENTRAL AVENUE  
City-St-Zip: SAINT PETERSBURG, FL 33707

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: WILLIAM EDWARDS

CEO

01/17/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date