


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State


05-02-2006 90230 031 ***150.00

DOCUMENT # P99000092408	
1. Entity Name CAPITAL INVESTMENT CORP. OF S.W. FLORIDA	

Principal Place of Business 6401 WINKLER ROAD FT MYERS, FL 33919	Mailing Address 6401 WINKLER ROAD FT MYERS, FL 33919
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2. Principal Place of Business <i>2165 US Hwy 27 So</i> Suite, Apt. #, etc.	3. Mailing Address <i>2165 US Hwy 27 So</i> Suite, Apt. #, etc.
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City & State <i>Lake Placid FL</i>	City & State <i>Lake Placid FL</i>
Zip <i>33852</i>	Country <i>Highlands</i>

	
04282006 Chg-P	CR2E034 (11/05)
4. FEI Number 65-0957208	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent ATTREE, RUSS <i>6401 WINKLER ROAD 2165 US Hwy 27 So</i> <i>FT MYERS, FL 33919 Lake Placid FL 33852</i>	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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	DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD ATTREE, RUSS 6401 WINKLER ROAD FT MYERS, FL 33919 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>2165 US Hwy 27 So</i> <i>Lake Placid FL 33852</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>[Signature]</i> DATE: <i>4/28/06</i> Daytime Phone #: <i>(863) 699-4044</i>	Russ Attree