

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # S12424

1. Entity Name
CAPITAL INVESTMENT GROUP, INC.



FILED
07 APR 13 PM 2:15
DEPT. OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**1035 S SEMORAN BLVD
STE 1012
WINTER PARK, FL 32792 US**

Mailing Address
**1035 S SEMORAN BLVD
STE 1012
WINTER PARK, FL 32792 US**



01092007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3040089

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**KETTLE, R. TARY
1035 S SEMORAN BLVD
STE 1012
WINTER PARK, FL 32792**

**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, 2007 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/D
KETTLE, R. TARY
1035 S SEMORAN BLVD
WINTER PARK, FL 32792**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPD
CASTELLANO, WILLIAM V
1035 S SEMORAN BLVD
WINTER PARK, FL 32792**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

200097214302
04/17/07--01035--006 **700.00

**DO NOT WRITE
IN THIS SPACE**

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: _____
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

1/15/2007

204/07