

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# S36954

Entity Name: CAPONE'S, INC.

**FILED**  
**Mar 26, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

10463 COUNTY LINE ROAD  
SPRING HILL, FL 34609

**New Principal Place of Business:**

**Current Mailing Address:**

10463 COUNTY LINE ROAD  
SPRING HILL, FL 34609

**New Mailing Address:**

FEI Number: 59-3060011

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MCELROY, VALERIE  
409 FLORIAN WAY  
SPRINGHILL, FL 34609 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: D  
Name: MCELROY, ROCCO E.  
Address: 409 FLORIAN WAY  
City-St-Zip: SPRINGHILL, FL 34609

Title: ST  
Name: MCELROY, VALERIE  
Address: 409 FLORIAN WAY  
City-St-Zip: SPRING HILL, FL 34609

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: ROCCO E MCELROY

D

03/26/2012

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

\_\_\_\_\_  
Date