## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # S82999**

1. Entity Name

CAPTIVA INVEST & CONSULTING CORPORATION



US

Principal Place of Business

P.O. BOX 887 CAPE CORAL, FL 33910 Mailing Address

C/O JEAN MANSON 5205 SARASOTA COURT CAPE CORAL, FL 33904

## FILED Mar 04, 2004 8:00 am Secretary of State

03-04-2004 90011 030 \*\*\*150.00



02262004

No Chg-P

CR2E034 (10/03)

4. FEI Number 65-0312456 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

MANSSON, JEAN 5105 SARASOTA CT CAPE CORAL, FL 33904

## DO NOT WRITE IN THIS SPACE

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•					
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					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00  9. Election Campaign Finance Trust Fund Contribution.			cing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MANSSON, JEAN 5205 SARASOTA CT CAPE CORAL, FL 33904				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP			: <del></del>	DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN .	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
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					

12. Thereby 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 all other like empowered.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-1-04 (339) 540-185