

2008 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Jun 24, 2008 8:00 am
Secretary of State

05-29-2008 90197 020 ***150.00

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05032008 No Chg-P CR2E034 (11/05)

DOCUMENT # V39588

1. Entity Name
CAPRICORN INVESTMENT CORPORATION, INC.



Principal Place of Business

**5907 BEVERLY DR
HUDSON, FL 34667**

Mailing Address

**P.O. BOX 5239
BAYONET POINT, FL 34674 US**

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3165568	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**DEEGAN, DARLENE
5907 BEVERLY DR
HUDSON, FL 34667**

**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 *Darlene Deegan Pres.*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

4-30-2008

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS DEEGAN, DARLENE 5907 BEVERLY DR. HUDSON, FL 34667
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PANESON, TYLER R P.O. BOX 5239 BAYONET POINT, FL 34674
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PANESON, THEODORE M II P. O. BOX 5239 BAYONET POINT, FL 34674
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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.

*Darlene Deegan President
Registered Agent*

954-240-1990