

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000130513

**Entity Name:** THE CAPE ACADEMY INC.

**Current Principal Place of Business:**

231 DEL PRADO BLVD. S.  
UNIT 6  
CAPE CORAL, FL 33990

**Current Mailing Address:**

1201 S.W. 57TH STREET  
CAPE CORAL, FL 33914

**FEI Number:** 80-0121722

**Certificate of Status Desired:** Yes

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

WILLIAMSON, KRISTEN  
1201 S.W. 57TH STEEET  
CAPE CORAL, FL 33914 US

*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

**Officer/Director Detail :**

Title	P	Title	VP
Name	WILLIAMSON, KRISTEN	Name	WILLIAMSON, JAMES M
Address	1201 S.W. 57TH STREET	Address	1201 SW 57TH STREET
City-State-Zip:	CAPE CORAL FL 33914	City-State-Zip:	CAPE CORAL FL 33914

*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:** KRISTEN F WILLIAMSON

**PRESIDENT**

**01/11/2015**

Electronic Signature of Signing Officer/Director Detail

Date