


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 31, 2005 8:00 am
Secretary of State

01-31-2005 90053 043 ***150.00

DOCUMENT # F00000006887
 1. Entity Name
CAPPER-MCCALL CO.



Principal Place of Business Mailing Address
814 SANDTOWN ROAD **814 SANDTOWN ROAD**
MARIETTA GA 30008 **MARIETTA GA 30008**
US **US**

40000700



1st MOORE CR2E034 (10/04)

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number Applied For
58-0976801 Not Applicable

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

6. Name and Address of Current Registered Agent

GUTIERREZ, JUAN
5311 NW ALOHA STREET
PORT ST LUCIE FL 34986

7. Name and Address of New Registered Agent

Name _____

Street Address (P.O. Box Number is Not Acceptable) _____

City **FL** Zip Code _____

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing \$5.00 May Be
 Trust Fund Contribution. Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	HERRIG, ERNEST F	
STREET ADDRESS	4963 LAUREL DRIVE	
CITY-ST-ZIP	ROSWELL GA 30075	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	TRICE, JAMES A JR	
STREET ADDRESS	150 LAKE SOMERSET CREST	
CITY-ST-ZIP	MARIETTA GA 30064	
TITLE	VS	<input type="checkbox"/> Delete
NAME	GARNER, C W	
STREET ADDRESS	4333 LYNNE CAROL WAY	
CITY-ST-ZIP	RALEIGH NC 27616	
TITLE	VT	<input type="checkbox"/> Delete
NAME	RICHARDS, HARRY	
STREET ADDRESS	2835 HUNTERS FORREST	
CITY-ST-ZIP	GERMANTOWN TN 38138	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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:  **Ernest Herrig** 1/25/2005 770-422-8500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #