

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F09000001962

FILED  
Mar 04, 2010  
Secretary of State

**Entity Name:** CAPONE AND ASSOCIATES, INC.

**Current Principal Place of Business:**

100 SPRINGHOUSE DR SUITE 103  
COLLEGEVILLE, PA 19426

**New Principal Place of Business:**

**Current Mailing Address:**

100 SPRINGHOUSE DR SUITE 103  
COLLEGEVILLE, PA 19426

**New Mailing Address:**

FEI Number: 23-2728260

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: C  
Name: FOLEY, MARGARET  
Address: 404 NORFOLK AV  
City-St-Zip: FLOURTOWN, PA 19031

Title: VC  
Name: CAPONE, DAVID  
Address: 481 REGINALD LANE  
City-St-Zip: COLLEGEVILLE, PA 19426

Title: PS  
Name: CAPONE, VIRGINIA S  
Address: 100 SPRINGHOUSE DR SUITE 103  
City-St-Zip: COLLEGEVILLE, PA 19426

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: VIRGINIA S. CAPONE

PS

03/04/2010

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

\_\_\_\_\_ Date