2004 FOR PROFIT CORPORATION. **ANNUAL REPORT (AR)**

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mar 22, 2004 8:00 am Secretary of State **DOCUMENT # 509378** 1. Entity Name 03-22-2004 90034 014 ***150.00 CONSUMER ACCOUNT SYSTEMS, INC. Principal Place of Business Mailing Address 308 TEQUESTA DRIVE 308 TEQUESTA DRIVE SUITE 11 TEQUESTA FL 33469 TEQUESTA FL 33469 2. Principal Place of Business Same 3. Mailing Address Same Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 59-1726036 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Neal VanderWaal DYKE, CAROL Street Address (P.O. Box Number is Not Acceptable) 308 Tequesta Drive 308 TEQUESTA DRIVE SUITE 11 Suite 11 TEQUESTA FL 33469 Zip Code 33469 Tequesta, 8. The above named entity submits this statement for the the obligations of registered agent. purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept Signature, typed or (NOTE, Registered Agent signature required when reinstating) redistered and nd title d applicable DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE ☐ Change Addition NAME STETZER, CHARLES W. NAME 308 TEQUESTA DRIVE, SUITE 11 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TEQUESTA FL 33469 CITY-ST-ZIP **VPS** Delete TITLE ☐ Change ☐ Addition NAME DYKE, CAROL STREET ADDRESS 308 TEQUESTA DRIVE, SUITE 11 STREET ADDRESS CITY-ST-ZIP TEQUESTA FL 33469 CITY-ST-ZIP TITLE PTD Delete TITLE ☐ Change ☐ Addition NAME Neal VanderWaal NAME STREET ADDRESS STREET ADDRESS 308 Tequesta Drive, Ste. 11 CITY-ST-ZIP CITY-ST-ZIP Tequesta, FL 33469 TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THIF Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 ply 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 frustee 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

Neal VanderWaal

3/5/04 561 746-5100

Daytime Phone #

FILED