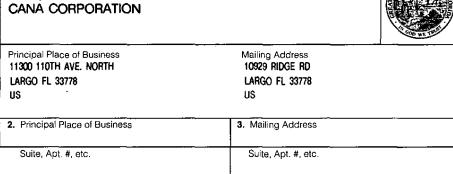
2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

536002

١.		Name	
C	ANA	CORPORATION	



FILED May 07, 2003 8:00 am § Secretary of State

05-07-2003 90163 023 ***150.00



2. Principal Place of Business			3. Ma	3. Mailing Address				. 1 18230 BILBS (1118 BILL BELL) 44(15-1481 BIE) 41(8) BIE) 51(8) BIE) 61(8)				
Suite, Apt. #, etc.				Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES .				
City & State			City	City & State				59-1745598 Applied For Not Applied by				
Zip	Country			Zip Count			5. Certificate of Status Desired \$8.75 Additional. Fee Required			iditional		
	6. Name	and Address of Curre	nt Register	ed Agent			7. Name and Address of New Registered Agent					
						Name						
HOUSER,	J HENRY					C. M. H. 1997 (B.O. St. M. 1997) N. (A. 1997)						
10929 RID	GE RD					Street Address (P.O. Box Number is Not Acceptable)						
LARGO FI	33778											
Builde	L 00//0											
						City FL Zip Code						
8. The above	named entit	v submits this statement	for the pure	nose of changing its	registere	ed office or r	egistered ac	gent, or both, in the State of Florida. I ar	m familiar with	and accept		
	ions of regist		ioi tiio pair	Jobb of Granging Re	, 109,000	30 011100 01 1	ogiotoroa ag	gorit, or both, in the state or richad. Tal	Transfer With	, and addopt		
										ĺ		
SIGNATURE .	Di	or printed name of registered age	- to an all states 16 and	N	T. D			reinstating) DATE				
	Signature, typed	or printed name of registered age	nt and title if app	plicable. (NOI	E: Hegistere	3 Agent signature	e required when re	reinstating) DATE				
F	ILE NOW!!	! FEE IS \$150.00		,				9. Election Campaign Financing	ee i			
		3 Fee will be \$550.00						Trust Fund Contribution.		00 May Be ed to Fees		
Make Check	Payable to	Florida Department	of State					stast fana Contribution.	_ Adde	.0 10 1 503		
10.		OFFICERS AN	D DIRECTO	ORS	11.		AE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TITLE	P		☐ Delete	: <u> </u>	·		☐ Change	☐ Addition				
NAME	HOUSER, J. HENRY		□ bo.o.o	NAM]						
STREET ADDRESS	LARGE BUDGE BE					ET ADDRESS				{		
CITY-ST-ZIP	LARGO FL 33778					-ST-ZIP						
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CITY-ST-ZIP						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

SIGNATURE: