

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 09, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # F00000005628**

1. Entity Name  
**C.A.S. CONSULTING INC.**



Principal Place of Business  
**C/O CHRISTINA ANN KEMP  
703 ST. ALBANS DRIVE  
BOCA RATON, FL 33486**

Mailing Address  
**C/O CHRISTINA ANN KEMP  
703 ST. ALBANS DRIVE  
BOCA RATON, FL 33486**



07062004 No Chg-P CR2E034 (10/03)

4. FEI Number  
**22-3389288**

Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when releasing)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PVST  
KEMP, CHRISTINA ANN  
703 ST. ALBAN'S DRIVE  
BOCA RATON, FL 33486**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**CD  
KEMP, CHRISTINA ANN  
703 ST. ALBAN'S DRIVE  
BOCA RATON, FL 33486**

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STREET ADDRESS  
CITY-ST-ZIP

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07/09/04-80003-015 150.00

**DO NOT WRITE  
IN THIS SPACE**

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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone If \_\_\_\_\_

*Christina Kemp* 7/6/04