## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## **Secretary of State** DOCUMENT # F01000000897 03-01-2004 90040 048 \*\*\*150.00 CONTRACT CAD SERVICES, INC. Principal Place of Business Mailing Address \*^ I I U U U 1120 PINELLAS BAYWAY #202 1120 PINELLAS BAYWAY #202 SAINT PETERSBURG, FL 33715 SAINT PETERSBURG, FL 33715 2. Principal Place of Business 3. Mailing Address 1120 Pinellas Bayway S 1120 Pinellas Bayway S Suite, Apt. # etc. Suite, Apt. #, etc. **Suite 202** CR2E034 (10/03) 02182004 Chg-P City & State City & State 4. FEI Number Applied For Tierra Verde, FL Tierra Verde, FL 62-1734516 Not Applicable 33<u>715–1505</u> Zip 33715-1505 Country Country \$8.75 Additional 5. Certificate of Status Desired USA USÁ 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LANGSTON, JOHN IV Street Address (P.O. Box Number is Not Acceptable) 1120 Pinellas Bayway S 1120 PINELLAS BAYWAY SOUTH SAINT PETERSBURG, FL 33715 Zip Code 33715-1505 <u>Tierra Verde</u> 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. 2-26-04 John Langston, IV President SIGNATURE e of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2004 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE TIT! F ☐ Change ☐ Addition Delete NAME LANGSTON, JOHN IV NAME 1120 PINELLAS BAYWAY SOUTH 33715 1505 TIERRA VERDE, FL 33715 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE Addition LANGSTON, BRANDY NAME NAME 1120 PINELLAS BAYWAY SOUTH STREET ADDRESS STREET ADDRESS 11 41 1 CITY-ST-ZIP TIERRA VERDE, FL 33715 CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

John Langston, IV

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE

FILED

Mar 01, 2004 8:00 am

727 579 4498

Daytime Phone #

2-26-04

Date

President