


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 04, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F03000002131</b>	
1. Entity Name <b>COMPREHENSIVE ADMINISTRATIVE SUPPORT ALLIANCE, CORP.</b>	

Principal Place of Business <b>400 N. ASHLEY DRIVE STE. 1900 TAMPA, FL 33602</b>	Mailing Address <b>400 N. ASHLEY DRIVE STE. 1900 TAMPA, FL 33602</b>
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**DO NOT WRITE IN THIS SPACE**



01072004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>05-0562339</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>VON HORN, BRENT N 400 N. ASHLEY DRIVE STE. 1900 TAMPA, FL 33602</b>	<b>DO NOT WRITE IN THIS SPACE</b>
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HORN, ROBERT G 400 N. ASHLEY DRIVE STE. 1900 TAMPA, FL 33602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD TIDWELL, STEVEN A 400 N. ASHLEY DRIVE STE. 1900 TAMPA, FL 33602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPST SHAFFER, STEPHEN M 400 N. ASHLEY DRIVE STE. 1900 TAMPA, FL 33602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPAS VON HORN, BRENT N 400 N. ASHLEY DRIVE STE. 1900 TAMPA, FL 33602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TOWNSEND, WILLIAM H III 400 N. ASHLEY DRIVE STE. 1900 TAMPA, FL 33602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LOFTIS, ERVIN DUGGER 400 N. ASHLEY DRIVE STE. 1900 TAMPA, FL 33602

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02/06/04-80036-023 150.00

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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: 	<b>Brent N. Von Horn, SVP</b>	1-7-04	813/225-4650
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	<small>Daytime Phone #</small>