

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90339 023 ***150.00

DOCUMENT # F03000002131

1. Entity Name
**COMPREHENSIVE ADMINISTRATIVE SUPPORT
ALLIANCE, CORP.**



Principal Place of Business
**400 N. ASHLEY DRIVE STE. 1900
TAMPA, FL 33602**

Mailing Address
**400 N. ASHLEY DRIVE STE. 1900
TAMPA, FL 33602**

50038378

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04042005

Chg-P

CR2E034 (10/03)

4. FEI Number

05-0562339

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**VON HORN, BRENT N
400 N. ASHLEY DRIVE STE. 1900
TAMPA, FL 33602**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME HORN, ROBERT G ☐ Delete
STREET ADDRESS 400 N. ASHLEY DRIVE STE. 1900
CITY-ST-ZIP TAMPA, FL 33602

TITLE VPD
NAME TIDWELL, STEVEN A ☐ Delete
STREET ADDRESS 400 N. ASHLEY DRIVE STE. 1900
CITY-ST-ZIP TAMPA, FL 33602

TITLE VPST
NAME SHAFFER, STEPHEN M ☐ Delete
STREET ADDRESS 400 N. ASHLEY DRIVE STE. 1900
CITY-ST-ZIP TAMPA, FL 33602

TITLE VPAS
NAME VON HORN, BRENT N ☐ Delete
STREET ADDRESS 400 N. ASHLEY DRIVE STE. 1900
CITY-ST-ZIP TAMPA, FL 33602

TITLE VP
NAME TOWNSEND, WILLIAM H III ☐ Delete
STREET ADDRESS 400 N. ASHLEY DRIVE STE. 1900
CITY-ST-ZIP TAMPA, FL 33602

TITLE VP
NAME LOFTIS, ERVIN DUGGER ☐ Delete
STREET ADDRESS 400 N. ASHLEY DRIVE STE. 1900
CITY-ST-ZIP TAMPA, FL 33602

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VP ☐ Change ☒ Addition
NAME James R. Starks
STREET ADDRESS 400 N. Ashley Dr., Ste. 1900
CITY-ST-ZIP Tampa, FL 33602

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Brent N. Von Horn, SVP

4-4-05

813/225-4650

Date

Daytime Phone #