## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## **FILED** Feb 03, 2004 08:00 AM Secretary of State DOCUMENT # G92552 1. Entity Name CAHILL ENTERPRISES, INC. Principal Place of Business Mailing Address % CARL H. CAHILL % CARL H. CAHILL 131 PARK LAKE STREET 131 PARK LAKE STREET ORLANDO, FL 32803 ORLANDO, FL 32803 01062004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 40-1365498 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CAHILL, CARL H. DO NOT WRITE 131 PARK LAKE ST. ORLANDO, FL 32803-0821 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 a SIGNATURE nd litte if applicable. (NOTE Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be U000000032307 FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees 02/04/04-80184-002 150.00 After May 1, 2004 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE CAHILL, CARL H. NAME STREET ADDRESS 131 PARK LANE STREET CITY-ST-ZIP ORLANDO, FL NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-7IP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE 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:

NAME STREET ADDRESS CITY-ST-ZIP

NATURE OND THE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/2 8/04 407-422-5456