


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 26, 2004 8:00 am**  
**Secretary of State**

03-26-2004 90027 021 \*\*\*150.00

<b>DOCUMENT # M76024</b>	
1. Entity Name <b>C &amp; A BUILDINGS, INC.</b>	

Principal Place of Business <b>119 GRAHAM ST. SW PORT CHARLOTTE, FL 33952 US</b>	Mailing Address <b>119 GRAHAM ST. SW APT. #243 PORT CHARLOTTE, FL 33952 US</b>
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2. Principal Place of Business <b>119 GRAHAM ST. SW</b> Suite, Apt. #, etc.	3. Mailing Address <b>119 GRAHAM ST. SW</b> Suite, Apt. #, etc.
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City & State <b>Port Charlotte FL</b>	City & State <b>Port Charlotte, FL</b>
Zip <b>33952</b>	Country <b>Charlotte</b>
Zip <b>33952</b>	Country <b>Charlotte</b>



02052004 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent <b>GROSSMAN, CATHIE 119 GRAHAM ST. SW <del>APT. #243</del> PORT CHARLOTTE, FL 33952</b>	
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4. FEI Number <b>65-0048614</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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7. Name and Address of New Registered Agent <b>GROSSMAN, CATHIE 119 GRAHAM ST. SW PORT CHARLOTTE FL 33952</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 <b>CATHIE GROSSMAN P.D.</b>	DATE <b>3/20/04</b>

<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 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GROSSMAN, CATHIE 119 GRAHAM STREET SW PORT CHARLOTTE, FL 33952 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TV WOLFF, DARLEEN 1250 W MARION AVE 243 PUNTA GORDA, FL 33955 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WOLFF, DIANE P 1184 GREEN OAK HERITAGE OAK PK. PORT CHARLOTTE, FL 33952 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TVD WOLFF, DARLEEN 110 PECKHAM ST. SW PORT CHARLOTTE, FL 33952</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S WOLFF, DIANE P 1184 GREEN OAK HERITAGE OAK PK. PORT CHARLOTTE, FL 33952</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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>CATHIE GROSSMAN P.D.</b>	DATE <b>3/20/04</b> (441) 625-5602