

DOCUMENT # M76024

1. Entity Name  
C & A BUILDINGS, INC.

**FILED**  
**Feb 14, 2005 8:00 am**  
**Secretary of State**

02-14-2005 90064 006 \*\*\*150.00

Principal Place of Business

119 GRAHAM ST. SW  
PORT CHARLOTTE, FL 33952 US

Mailing Address

119 GRAHAM ST. SW  
PORT CHARLOTTE, FL 33952 US

2. Principal Place of Business

438 STRASBURG DR.

Suite, Apt. #, etc.  
PORT CHARLOTTECity & State  
FLORIDAZip  
33954Country  
USA

3. Mailing Address

438 STRASBURG DR.

Suite, Apt. #, etc.  
PORT CHARLOTTECity & State  
FLORIDAZip  
33954Country  
USA

01192005

Chg-P

CR2E034 (10/03)

4. FEI Number

65-0048614

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

GROSSMAN, CATHIE  
119 GRAHAM ST. SW  
PORT CHARLOTTE, FL 33952

7. Name and Address of New Registered Agent

Name GROSSMAN, CATHIE

Street Address (If C-Box Number is Not Acceptable)  
438 STRASBURG DRIVE

PORT CHARLOTTE

City FLORIDA

FL 33954

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 ☐ Delete  
 NAME GROSSMAN, CATHIE  
 STREET ADDRESS 119 GRAHAM STREET SW  
 CITY-ST-ZIP PORT CHARLOTTE, FL 33952

TITLE TVD ☐ Delete  
 NAME WOLFF, DARLEEN  
 STREET ADDRESS 110 PEKHAM ST SW  
 CITY-ST-ZIP PORT CHARLOTTE, FL 33952

TITLE S ☐ Delete  
 NAME WOLFF, DIANE P  
 STREET ADDRESS 1184 GREEN OAK HERITAGE OAK PK.  
 CITY-ST-ZIP PORT CHARLOTTE, FL 33952

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE AD ☒ Change ☐ Addition  
 NAME GROSSMAN, CATHIE  
 STREET ADDRESS 438 STRASBURG DRIVE  
 CITY-ST-ZIP PORT CHARLOTTE, FL 33954

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

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

TITLE ☐ Change ☐ Addition  
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 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: CATHIE GROSSMAN PD.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/10/05

941  
625-5602