

2007 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Feb 05, 2007 8:00 am
Secretary of State

02-05-2007 90114 046 ***150.00

DOCUMENT # M76024

1. Entity Name
C & A BUILDINGS, INC.



Principal Place of Business
438 STRASBURG DR
PORT CHARLOTTE, FL 33954 US

Mailing Address
438 STRASBURG DR
PORT CHARLOTTE, FL 33954 US

60012329



01242007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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
438 STRASBURG DRIVE
PORT CHARLOTTE, FL 33954

**DO NOT WRITE
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 of registered agent.

SIGNATURE

Cathie Grossman PD

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/31/07

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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 GROSSMAN, CATHIE
STREET ADDRESS 438 STRASBURG DRIVE
CITY-ST-ZIP PORT CHARLOTTE, FL 33954

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

Darleen Wolff v.o./t
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/07
Date

941 - 743-3336
Daytime Phone #