

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2004 8:00 am
Secretary of State

03-03-2004 90025 008 ****70.00

DOCUMENT # N02000004346

1. Entity Name
CNA STATE USE, INC.



Principal Place of Business
**7810 S DIXIE HWY
W PALM BCH, FL 33405**

Mailing Address
**7810 S DIXIE HWY
W PALM BCH, FL 33405**

44015093



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02032004

Chg-NP

CR2E037 (10/03)

City & State

City & State

4. FEI Number

APPLIED FOR 55-0854325

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**KLETT, STANLEY D
7810 S DIXIE HWY
W PALM BCH, FL 33405**

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

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME THOMPSON, WILLIAM S
STREET ADDRESS 7810 SOUTH DIXIE HIGHWAY
CITY-ST-ZIP WEST PALM BEACH, FL 33405

TITLE VP ☐ Delete
NAME COLONEY, WAYNE
STREET ADDRESS 1520 KILLEARN CTR BLVD, STE 200
CITY-ST-ZIP TALLAHASSEE, FL 32309

TITLE ST ☐ Delete
NAME GILLRUP, JACK
STREET ADDRESS 117 W DUVAL ST STE 205
CITY-ST-ZIP JACKSONVILLE, FL 32202

TITLE D ☐ Delete
NAME RESSLER, TIM
STREET ADDRESS 3607 BUCKNER COURT
CITY-ST-ZIP TALLAHASSEE, FL 32311

TITLE D ☐ Delete
NAME DEARDUFF, ROBERT
STREET ADDRESS 1854 NEWMAN LANE
CITY-ST-ZIP TALLAHASSEE, FL 32312

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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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 617, 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:

W. Thompson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-10-04 561-586-5600

Date

Daytime Phone