

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 8:00 am
Secretary of State

04-14-2008 90030 008 ***150.00

DOCUMENT # P00000114847

1. Entity Name
CAD, INC.



Principal Place of Business

232 RIVER BCH DRIVE
ORMOND BEACH, FL 32176
732 Ballough Rd
Daytona Bch FL 32114

Mailing Address

232 RIVER BCH DRIVE
ORMOND BEACH, FL 32176
732 Ballough Rd
Daytona Bch FL 32114

40067069



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01092008

Chg-P

CR2E034 (12/06)

City & State

City & State

4. FEI Number
59-3693472

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

RHYNARD, M.A.
515 S. RIDGEWOOD AVE
DAYTONA BEACH, FL 32114

7. Name and Address of New Registered Agent

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 or director, etc.)

Date (Typed or printed name of registered agent or director, etc.)

Date

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PTD	☐ Delete
NAME	MYE, MARLENE	
STREET ADDRESS	1420 N. ATLANTIC AVE APT 1204	
CITY, ST, ZIP	DAYTONA BEACH, FL 32118	
TITLE	VSD	☐ Delete
NAME	SALCEDO, JOSEPH T	
STREET ADDRESS	1420 N. ATLANTIC AVE APT 1204	
CITY, ST, ZIP	DAYTONA BEACH, FL 32118	
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	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
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 violate the exceptions 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 appointed to it, and that this report is required by Chapter 147, Florida Statutes, and that my name appears in Block 10 or Block 11.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #