
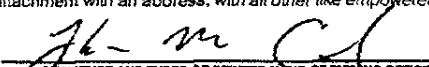


FILED
Apr 26, 2004 08:00 AM
Secretary of State

P01000066350				Apr 26, 2004 08:00 AM Secretary of State	
1. Entity Name C & A ENTERPRISES OF TAMPA BAY, INC.		Principal Place of Business 2451 MCMULLEN BOOTH ROAD STE 226 CLEARWATER, FL 33759		Mailing Address 2451 MCMULLEN BOOTH ROAD STE 226 STE 219 CLEARWATER, FL 33759	
2. Principal Place of Business		3. Mailing Address		Barcode	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04152004 0000 000000000000	
City & State		City & State		4. FEI Number 91-2147424 Applied For Not Applicable	
Zip		Country		5. Certificate of Status Desired \$8.75 00000000 00000000	
6. Name and Address of Current Registered Agent CARLSON, THOMAS M 2451 MCMULLEN BOOTH ROAD STE 226 CLEARWATER, FL 33759				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution \$5.00 00000000 0000000000			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARLSON, THOMAS M 2451 MCMULLEN BOOTH ROAD STE 219 CLEARWATER, FL 33759 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	U00000132985 04/27/04-80068-012 150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALTOBELLI, LINDA C 2451 MCMULLEN BOOTH RD SUITE 219 CLEARWATER, FL 33759 <input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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)(b), 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: 		4/23/04 (727) 725-5855 Date Daytime Phone #			