


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P01000070060 1. Entity Name C.A. THOMAS ENTERPRISES INC.	
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Principal Place of Business 1104 DAVE TUTTLE DR BRANDON, FL 33511	Mailing Address 1104 ASKEW DR BRANDON, FL 33511
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DO NOT WRITE IN THIS SPACE

FILED

04 OCT -4 AM 10:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



10012004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3730123	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

THOMAS, COLOVITO A
1104 DAVE TUTTLE DR
BRANDON, FL 33511

**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 _____
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 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P THOMAS, COLOVITO A 1104 DAVE TUTTLE DR BRANDON, FL 33511
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10/06/04--01026--002 **150.00

**DO NOT WRITE
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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:  **9/14/04** **(813) 653-1014**
SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #