

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000104298

Entity Name: CAD COM, INC.

FILED
Jan 09, 2004
Secretary of State

Current Principal Place of Business:

4799 RIDGEMOOR CIRCLE
PALM HARBOR, FL 34685

New Principal Place of Business:

Current Mailing Address:

4799 RIDGEMOOR CIRCLE
PALM HARBOR, FL 34685

New Mailing Address:

FEI Number: 59-3752759

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PIERCE, TIMOTHY
4799 RIDGEMOOR CIRCLE
PALM HARBOR, FL 34685

Name and Address of New Registered Agent:

PIERCE, TIMOTHY M
4799 RIDGEMOOR CIRCLE
PALM HARBOR, FL 34685

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.

SIGNATURE: TIMOTHY M PIERCE

01/09/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: PIERCE, TIMOTHY M
Address: 4799 RIDGEMOOR CIRCLE
City-St-Zip: PALM HARBOR, FL 34685

Title: S (X) Delete
Name: PIERCE, CYNTHIA L
Address: 4799 RIDGEMOOR CIRCLE
City-St-Zip: PALM HARBOR, FL 34685

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TIMOTHY M PIERCE

PD

01/09/2004

Electronic Signature of Signing Officer or Director

Date