

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000020671

FILED  
Apr 06, 2007  
Secretary of State

Entity Name: COMMUNICATIONS ASSOCIATES, INC.

## Current Principal Place of Business:

4321 SE CR 500  
BRANFORD, FL 32008

## New Principal Place of Business:

## Current Mailing Address:

4321 SE CR 500  
BRANFORD, FL 32008

## New Mailing Address:

FEI Number: 42-1531889

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WATSON, HENRIETTA  
925 3RD. STREET NORTH  
JACKSONVILLE BEACH, FL 32250 US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: SMOAK, T.F.  
Address: 4321 SE CR 500  
City-St-Zip: BRANFORD, FL 32008

Title: VP ( ) Delete  
Name: SMOAK, EMILY M MRS.  
Address: 4321 SE CR 500  
City-St-Zip: BRANFORD, FL 32008

## 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 Chapter 119, 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: T F SMOAK

PRES

04/06/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date