## 2004 FOR PROFIT CORPORATION

## **FILED ANNUAL REPORT** Mar 05, 2004 08:00 AM Secretary of State DOCUMENT # P02000087014 1. Entity Name CAMERICA INDUSTRIES, INC. Principal Place of Business Mailing Address %WHITE ACCOUNTING & TAX SPECIALIST INC. 531 GREENBRIER AVE CELEBRATION, FL 34747 65 AUTUMNVALE DR, PO 71 LOCKPORT, NY 14095 02272004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 02-0639556 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MATOSKA, JAMES DO NOT WRITE 531 GREENBRIER AVE CELEBRATION, FL 34747 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. MATOSKA (NOTE, Registered Agent signature required when reinstating) DATE ed name of registered agent and title if applicable. U000000076730 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 OB/OS/O4-80014-005 150.00 Trust Fund Contribution. Added to Fees After May 1, 2004 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE PD MAROSKA, JAMES NAME STREET ADDRESS 531 GREEN BRIER AVE CITY-S1-ZIP CELEBRATION, FL 34747 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CATY-ST-ZIP

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.

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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