


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 13, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P02000088257</b> 1. Entity Name C. VARGAS AND ASSOCIATES, LIMITED, INC.	
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Principal Place of Business 5121 BOWDEN RD SUITE 103 JACKSONVILLE, FL 32216	Mailing Address 5121 BOWDEN RD SUITE 103 JACKSONVILLE, FL 32216
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**DO NOT WRITE IN THIS SPACE**



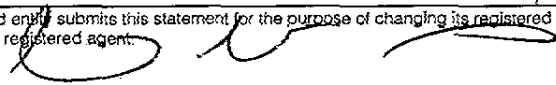
07062004 No Chg-P CR2E034 (10/03)

4. FEI Number 02-0635810	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  VARGAS, CLARK 5121 BOWDEN RD SUITE 103 JACKSONVILLE, FL 32216
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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  7/6/04  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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	PSTD VARGAS, CLARK 5121 BOWDEN RD # 103 JACKSONVILLE, FL 32216
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP MANIS, STEPHEN V 5121 BOWDEN RD STE 103 JACKSONVILLE, FL 32216
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07/13/04-80004-007 158.75

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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)(f), 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:**  7/6/04  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #