

2004 FORP ROFIT CORPORATION ANNUAL REPORT

FILED
Aug 30, 2004 8:00 am
Secretary of State

08-30-2004 90010 023 ***150.00

DOCUMENT # P02000110325

1. Entity Name
CALL NOW AMERICA CORPORATION



Principal Place of Business
**11805 ACORN DRIVE
DAVIE, FL 33330**

Mailing Address
**11805 ACORN DRIVE
DAVIE, FL 33330**

24006610



2. Principal Place of Business

1382 SHORELINE DRIVE

3. Mailing Address

1382 SHORELINE DRIVE

Suite, Apt. #, etc.

SUITE A

Suite, Apt. #, etc.

SUITE A

07292004

Chg-P

CR2E034 (10/03)

City & State

GULF BREEZE FL

City & State

GULF BREEZE FL

4. FEI Number

22-3876625

Applied For

Not Applicable

Zip

32561

Country

SANTA ROSA

Zip

32561

Country

SANTA ROSA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**WEST, MARTIN
11805 ACORN DRIVE
DAVIE, FL 33330**

7. Name and Address of New Registered Agent

Name **MARK WALLY**

Street Address (P.O. Box Number is Not Acceptable)

1382 SHORELINE DRIVE SUITE A

City **GULF BREEZE**

FL

Zip Code **32561**

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]

(NOTE: Registered Agent signature required when reinstating)

DATE

8/24/04

**FILED OWIIFE EIS \$1 50.00
Dueby S eptember8 ,2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$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.

10. OFFICERS AND DIRECTORS

TITLE **P** ☒ Delete
NAME **WEST, MARTIN**
STREET ADDRESS **11805 ACORN DRIVE**
CITY-ST-ZIP **DAVIE, FL 33330**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Change ☒ Addition
NAME **MARK WALLY**
STREET ADDRESS **1382 SHORELINE DRIVE SUITE A**
CITY-ST-ZIP **GULF BREEZE FL 32561**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/24/04

Date

850.931-9976

Daytime Phone #