

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 03, 2004 8:00 am
Secretary of State

03-03-2004 90002 015 ***150.00

DOCUMENT # P02000130550 1. Entity Name CORPORATE AMERICA MANAGEMENT SERVICES, INC.			
Principal Place of Business 104 CONNERLY RD. DADE CITY FL 33525		Mailing Address P. O. BOX 42 DADE CITY FL 33526-0042	
2. Principal Place of Business 10421 Connerly Rd. Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State DADE City, FL		City & State	
Zip 33525		Country USA	
4. FEI Number 57-1140369		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MCKINNEY, AARON 104 CONNERLY RD. DADE CITY FL 33525		7. Name and Address of New Registered Agent Name AARON MCKINNEY Street Address (P.O. Box Number is Not Acceptable) 10421 CONNERLY RD. City DADE City, FL Zip Code 33525	
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 <u><i>Aaron McKinney</i></u> (NOTE: Registered Agent signature required when reinstating) DATE <u>2/25/04</u>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D <input type="checkbox"/> Delete NAME MCKINNEY, AARON STREET ADDRESS 104 CONNERLY RD. CITY-ST-ZIP DADE CITY FL 33525	TITLE D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME AARON MCKINNEY STREET ADDRESS 10421 CONNERLY RD. CITY-ST-ZIP DADE CITY, FL 33525		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> 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: *Aaron McKinney* 2/25/04 352-567-3565
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #