

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90486 027 ***150.00

DOCUMENT # P03000039612

1. Entity Name
C. CANADA INTERIORS, INC.



Principal Place of Business
**279 W. HIGHLAND ST.
ALTAMONTE SPRINGS, FL 32714**

Mailing Address
**279 W. HIGHLAND ST.
ALTAMONTE SPRINGS, FL 32714**

94066324



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01192004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. File Number

510457387

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CANADA, CLARK E
279 W. HIGHLAND ST.
ALTAMONTE SPRINGS, FL 32714**

Name

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

City

FL

Zip Code

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 *Clark E. Canada* **CLARK E. CANADA, PRESIDENT** **1-20-04**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when registering)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PT** ☐ Delete
NAME **CANADA, CLARK E**
STREET ADDRESS **279 W. HIGHLAND ST.**
CITY-STATE-ZIP **ALTAMONTE SPRINGS, FL 32714**

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

TITLE **VS** ☐ Delete
NAME **CANADA, PAMELA K**
STREET ADDRESS **279 W. HIGHLAND ST.**
CITY-STATE-ZIP **ALTAMONTE SPRINGS, FL 32714**

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

TITLE **V** ☐ Delete
NAME **BROWN, RICHARD**
STREET ADDRESS **280 W HIGHLAND ST.**
CITY-STATE-ZIP **ALTAMONTE SPRINGS, FL 32714**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

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

TITLE ☐ Delete
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CITY-STATE-ZIP

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TITLE ☐ Delete
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CITY-STATE-ZIP

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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: *Clark E. Canada* **CLARK E. CANADA** **1-20-04** **321-231-2445**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

PHONE NUMBER