

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2004 8:00 am
Secretary of State

03-02-2004 90012 010 ***150.00

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02252004 Chg-P CR2E034 (10/03)

DOCUMENT # P03000098527 1. Entity Name C.A.M. ENTERPRISES OF CLEARWATER, INC.					
Principal Place of Business 2160 CATALINA DR CLEARWATER, FL 33763			Mailing Address 2160 CATALINA DR CLEARWATER, FL 33763		
2. Principal Place of Business 8650 HAWBUCK ST. Suite, Apt. #, etc.		3. Mailing Address 8650 HAWBUCK ST. Suite, Apt. #, etc.		4. FEI Number 51-0482519. Applied For <input type="checkbox"/> Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State NEW PORT RICHEY, FL.		City & State NEW PORT RICHEY, FL.			
Zip 34655 Country US		Zip 34655 Country US			
6. Name and Address of Current Registered Agent HOLLEY, JENNIFER 2160 CATALINA DR CLEARWATER, FL 33763				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 8650 HAWBUCK ST. City NEW PORT RICHEY FL Zip Code 34655	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			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 PS	NAME HOLLY, JENNIFER		<input type="checkbox"/> Delete		
STREET ADDRESS 2160 CATALINA DR	CITY-ST-ZIP CLEARWATER, FL 33763		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE PS	NAME HOLLY, JENNIFER		<input type="checkbox"/> Delete		
STREET ADDRESS 2160 CATALINA DR	CITY-ST-ZIP CLEARWATER, FL 33763		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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STREET ADDRESS 2160 CATALINA DR	CITY-ST-ZIP CLEARWATER, FL 33763		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: <u>Jennifer Holley</u> <u>JENNIFER HOLLEY</u> <u>2/25/04</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					