


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90436 005 \*\*\*150.00

<b>DOCUMENT # P03000112432</b> 1. Entity Name <b>C &amp; A ACCOUNTING SERVICES, INC.</b>					
Principal Place of Business <b>3349 ROCK ROYAL DRIVE HOLIDAY, FL 34691</b>			Mailing Address <b>3349 ROCK ROYAL DRIVE HOLIDAY, FL 34691</b>		
2. Principal Place of Business <b>2446 Wood Pointe Dr.</b> Suite, Apt. #, etc.		3. Mailing Address <b>2446 Wood Pointe Dr.</b> Suite, Apt. #, etc.			
City & State <b>Holiday, FL</b> Zip <b>34691</b> Country		City & State <b>Holiday, FL</b> Zip <b>34691</b> Country		4. FEI Number <b>06-1712266</b> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required				04272004 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent  <b>ADLER, KEVIN 3349 ROCK ROYAL DRIVE HOLIDAY, FL 34691</b>			7. Name and Address of New Registered Agent Name <b>Kevin Adler</b> Street Address (P.O. Box Number is Not Acceptable) <b>2446 Wood Pointe Dr.</b> City <b>Holiday</b> <b>FL</b> Zip Code <b>34691</b>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>ADLER, KEVIN 3349 ROCK ROYAL DRIVE HOLIDAY, FL 34691</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President Kevin Adler 2446 Wood Pointe Dr. Holiday, FL 34691</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Vice-President Jennifer Adler 2446 Wood Pointe Dr. Holiday, FL 34691</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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><i>K. G. Adler</i></u> <b>Kevin Adler</b>			Date <b>4/27/04</b> Daytime Phone # <b>727-939-8936</b>		