

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000130691

FILED
Apr 29, 2004
Secretary of State

Entity Name: CONFLICT RESOLUTION ASSOCIATES CORP.

Current Principal Place of Business:

500 E. ALTAMONTE DRIVE
SUITE 200
ALTAMONTE SPRINGS, FL 32701 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 196248
WINTER SPRINGS, FL 327196248 US

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

DOSS, THOMAS E III
500 E. ALTAMONTE DRIVE
SUITE 200
ALTAMONTE SPRINGS, FL 32701 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: DOSS, THOMAS E III
Address: 500 E. ALTAMONTE DRIVE, SUITE 200
City-St-Zip: ALTAMONTE SPRINGS, FL 32701 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS E. DOSS III

D

04/29/2004

_____ Electronic Signature of Signing Officer or Director

_____ Date