2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000083069

1. Entity Name
C & A APPLIANCES, INC.

Principal Place of Business	Mailing Address
1480 PINE ISLAND RD CAPE CORAL, FL 33909	1480 PINE ISLAND RD CAPE CORAL, FL 33909

DO NOT WRITE IN THIS SPACE

02212007   No Chg-P   CR2E034 (11/05)

4. FEI Number 20-2977189	Applied For
	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ACOSTA, RAMIRO
1480 PINE ISLAND RD
CAPE CORAL, FL 33909

DO NOT WRITE IN THIS SPACE

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 _____

Signature typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00 **After May 1, 2007 Fee will be $550.00**	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	

10. OFFICERS AND DIRECTORS

TITLE	PTSD
NAME	ACOSTA, RAMIRO
STREET ADDRESS	1480 PINE ISLAND RD.
CITY-ST-ZIP	CAPE CORAL, FL 33909

U00000693752
04/16/07-80053-007 150.00

TITLE	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____ 4-3-07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #