


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2004 08:00 AM
Secretary of State

DOCUMENT # P94000024959	
1. Entity Name C & A FINANCIAL GROUP, INC.	

Principal Place of Business 789 S. FEDERAL HWY STE 304 STUART, FL 34994 US	Mailing Address PO BOX 3000 STUART, FL 34995
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent CHRISTENSON, NEIS P 789 S. FEDERAL HWY SUITE 304 STUART, FL 34994	
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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)</small>	DATE _____
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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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CHRISTENSON, NEILS P 789 S. FEDERAL HWY, SUITE 304 STUART, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS CHRSTENSON, LINDA 789 S. FEDERAL HWY, SUITE 304 STUART, FL 34994
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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>Linda Christenson</u> <u>Linda Christenson</u> <u>1/26/04</u> <u>772-287-3100</u>	<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small>	<small>Daytime Phone #</small>
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01132004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0480087	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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01/30/04 30016-D10 159.75