

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

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DOCUMENT # P95000037441

1. Entity Name  
CADS, INCORPORATED



FILED

04 SEP -8 AM 10:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
13893 HANOVER PARK CT  
JACKSONVILLE, FL 32224

Mailing Address  
13893 HANOVER PARK CT  
JACKSONVILLE, FL 32224



08242004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number  
59-3311602

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

LARUE, ROGER A SR.  
13893 HANOVER PARK CT  
JACKSONVILLE, FL 32224

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

FILE NOW!!! FEE IS \$150.00  
Due by September 8, 2004

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	LARUE, ROGER A.
STREET ADDRESS	13893 HANOVER PARK CT
CITY-ST-ZIP	JACKSONVILLE, FL 32224
TITLE	V.
NAME	LARUE, PATRICIA A.
STREET ADDRESS	13893 HANOVER PARK CT
CITY-ST-ZIP	JACKSONVILLE, FL 32224
TITLE	D
NAME	LARUE, JR R
STREET ADDRESS	THE OAKS APT 8401
CITY-ST-ZIP	JACKSONVILLE, FL
TITLE	D
NAME	LARUE, CA
STREET ADDRESS	106 REEHLING RD
CITY-ST-ZIP	NEW FREEDOM, PA 17349
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

600040968756  
09/10/04--01063--008 \*\*150.00

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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: /s/ Roger A. Larue, Pres.  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/30/2004 904-992-4944  
Date Daytime Phone #

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CADS, Incorporated  
Roger LaRue  
13893 Hanover Parke Ct.  
Jacksonville, FL 32224

Division of Corporations  
P.O. Box 6198  
Tallahassee, FL 32314

Subject: 2004 Business Report/Renewal Form  
CADS, Incorporated

P95000037441

August 17, 2004

Dear Sir/Madam,

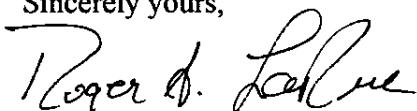
In preparing my quarterly records, I have discovered that my 2004 CADS renewal fee had not been processed. In checking further for the State Renewal Form, I could not locate it or it may not have been received.

CADS, Incorporated is still a functioning entity, so I am enclosing the required renewal fee. Please acknowledge receipt of the renewal fee by email:

[cadsinc95@aol.com](mailto:cadsinc95@aol.com)

I apologize for the inconvenience this may have caused.

Sincerely yours,



Roger A. LaRue, Pres.  
CADS, Incorporated