


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 21, 2004 8:00 am
Secretary of State

01-21-2004 90011 021 ***150.00

| | |
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| DOCUMENT # P97000051045 |  |
| 1. Entity Name COMPREHENSIVE CONSULTING & ACCOUNTING CORPORATION | |

| | |
|--|--|
| Principal Place of Business 9218 SONIA ST ORLANDO, FL 32825 US | Mailing Address 9218 SONIA ST ORLANDO, FL 32825 US |
|--|--|

DO NOT WRITE IN THIS SPACE



01102004 No Chg-P CR2E034 (10/03)

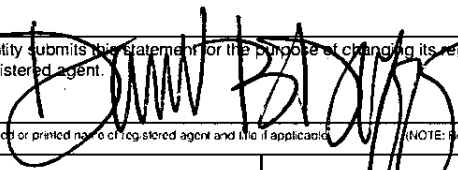
| | | |
|---|---|---|
| 4. FEI Number 59-3455342 | Applied For <input type="checkbox"/> | Not Applicable <input checked="" type="checkbox"/> |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

**DUFF, DAVID B
9218 SONIA ST
ORLANDO, FL 32825**

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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:  DATE: **1/15/04**

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

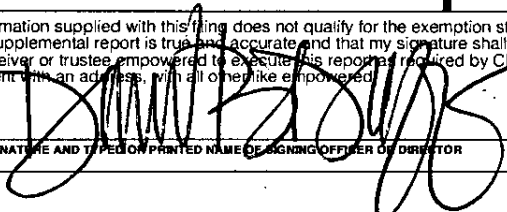
**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

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

| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P DUFF, DAVID 9218 SONIA ST ORLANDO, FL 32825 |
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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:  DATE: **1/15/04** DAYTIME PHONE #: **407-277-4612**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR