
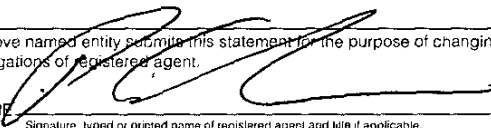



**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

05-21-2004 90006 001 ***150.00

DOCUMENT # P97000085982					
1. Entity Name C & D MANAGEMENT ASSOCIATES, INC.					
Principal Place of Business 10434 BUENA VENTURA DRIVE BOCA RATON, FL 33498			Mailing Address 10434 BUENA VENTURA DRIVE BOCA RATON, FL 33498		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 65-0786985	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ANDERSON, PETER C 10434 BUENA VENTURA DRIVE BOCA RATON, FL 33498				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 5/3/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
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		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANDERSON, PETER C 10434 BUENA VENTURA DRIVE BOCA RATON, FL 33498	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 5/3/04 Daytime Phone # 561-788-8894		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

54055239



04302004 Chg-P CR2E034 (10/03)



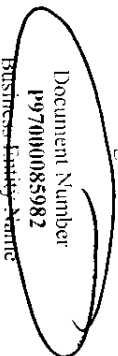
Att: Hines

34055239

Division of Corporations

Annual Report

Page 1



C & D MANAGEMENT ASSOCIATES, INC.

FBI Number 650786985

FBI Number Status ☐ Applied For ☐ Not Applicable ☒ Current

Certificate of Status Desired ☐ Yes ☒ No

Principal Place of Business

Address 10434 BUENA VENTURA DRIVE

Suite, Apt. #, etc.

City, State BOCA RATON FL

Zip Code & Country 33498

Mailing Address

Address 10434 BUENA VENTURA DRIVE

Suite, Apt. #, etc.

City, State BOCA RATON FL

Zip Code & Country 33498

Name And Address of Registered Agent

Name (Last, First, Middle, Title) ANDERSON, PETER, C

-or- RA Business Name

Address 10434 BUENA VENTURA DRIVE

Suite, Apt. #, etc.

City, State BOCA RATON, FL

Zip Code & Country

33498

US

717000085982

If Registered Agent (RA) is changed, the new RA must type their name in the 'Registered Agent Signature' block below. RA signature MUST be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature Peter C Anderson

Continue

Reset

Start Over

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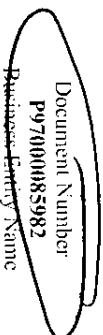
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Page 2



C & D MANAGEMENT ASSOCIATES, INC.

Election Campaign Financing Trust Fund Contribution ☐ Yes ☒ No

Officer/Director Name And Address

Title

D

Name (Last, First, Middle, Title) ANDERSON

PETER

C

-or- Entity Name

Street Address

10434 BUENA VENTURA DRIVE

City, State

BOCA RATON, FL

Zip Code & Country

33498

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

☐ List more than six Officers/Directors ☒ No additional Officers/Directors to list

An individual named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title

D

P410000085982

540552-39

Officer/Director Signature Peter C Anderson

HP97000085282

54053239

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Division of Corporations

Receipt

57057239

Your data entry is complete. This is your receipt page. Please print and retain this page for your records.

Document Number: P97000085442

Tracking Number: 800034108858

The charge for your Annual Report is
\$150.00

If you want to review your document, use the browser back button to return to page 1 of the data entry. Use the browser forward button to come back to this page.

If you need to make a change, you must return to the Document Number page and start over. A new tracking number will be assigned.

If you have any questions, please contact our help desk at (850) 245-6939.

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Division of Corporations

Annual Report

Payment Page

Document Tracking # - 800034108858

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Corporate Annual Report # - 1970000085982

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E-mail Address

Sunbiz E-file Account Payment

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54057839

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14-100008582

52/05523

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