

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 16, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P98000058230**

1. Entity Name  
**C -N- A SALES, INC.**



Principal Place of Business  
 2814 MALDIVE COURT  
 DELTONA, FL 32738 US

Mailing Address  
 2814 MALDIVE COURT  
 DELTONA, FL 32738 US

**DO NOT WRITE IN THIS SPACE**



02252004 No Chg-P CR2E034 (10/03)

4. FEI Number  
 59-3520150

Applied For
Not Applicable

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

**6. Name and Address of Current Registered Agent**

FUCHS, LAWRENCE M  
 590 ROYAL PALM BEACH BOULEVARD  
 ROYAL PALM BEACH, FL 33411

**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, 2004 Fee will be \$550.00**

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

000000115222  
 04/16/04-80015-014 150.00

**10. OFFICERS AND DIRECTORS**

TITLE	DPT
NAME	HASTY, CHRISTOPHER L
STREET ADDRESS	2814 MALDIVE COURT
CITY-ST-ZIP	DELTONA, FL 32738

TITLE	SDV
NAME	MULLINS, AMY J
STREET ADDRESS	2814 MALDIVE COURT
CITY-ST-ZIP	DELTONA, FL 32738

TITLE	
NAME	
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CITY-ST-ZIP	

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CITY-ST-ZIP	

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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: Chris L. Hasty Chris L. Hasty 4-12-04 386-574-6103  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #