2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000058230

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

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

DO NOT WRITE IN THIS SPACE

02252005   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

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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 _____
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, 2005 Fee will be $550.00

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

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	
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	

U00000293128
04/08/05-80014-019 150.00

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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: _Chris L. Hasty_   3-12-05   (386) 574-6103
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #