



# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # P98000086492</b> 1. Entity Name <b>C &amp; A FOOD SYSTEMS NO. 1, INC.</b>						<b>FILE</b> <b>05 AUG 30 AM 9:01</b> SECRET TALL...			
Principal Place of Business <b>5220 NORMANDY BLVD. JACKSONVILLE, FL 32205</b>				Mailing Address <b>5220 NORMANDY BLVD. JACKSONVILLE, FL 32205</b>					
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.							
City & State		City & State							
Zip		Country							
Zip		Country		08302005		Chg-P		CR2E034 (10/03)	
4. FEI Number <b>59-2227914</b>				Applied For		Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required					
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent				
CANNINGTON, OSCAR E 5220 NORMANDY BLVD. JACKSONVILLE, FL 32205					Name				
					Street Address (P.O. Box Number is Not Acceptable)				
					City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____									
<b>FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> 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					11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CANNINGTON, OSCAR E 5220 NORMANDY BLVD. JACKSONVILLE, FL 32205 <input type="checkbox"/> Delete				TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>700059387857</b> <b>09/07/05--01026--017 **150.00</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDT CANNINGTON, OSCAR E JR. 5220 NORMANDY BLVD. JACKSONVILLE, FL 32205 <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	DVS CANNINGTON, PATRICIA A 5220 NORMANDY BLVD. JACKSONVILLE, FL 32205 <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			
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: <u><i>Oscar E Cannington</i></u> <b>8-30-05</b>									
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #									