2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # L91460

1. Entity Name
CAC ENTERPRISES, INC.

Principal Place of Business	Mailing Address
POST OFFICE BOX 1629	POST OFFICE BOX 1629
GOLDENROD, FL 32733	GOLDENROD, FL 32733

24068656

01062004   No Chg-P   CR2E034 (10/03)
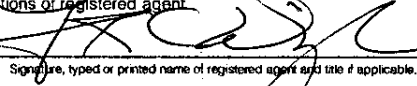
4. FEI Number		Applied For
59-3020380		Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

~~OWEN, RICHARD B~~
~~5250 S. US HWY 17-92~~
~~CASSELBERRY, FL 32707~~
FRANK C. Whigham Sfe. 22
200 W. First St.,
Sanford, FL 32771

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 _____ Frank C. Whigham _____ 2-16-04

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

10. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	CLARKE, SCOTT D.
STREET ADDRESS	6956 ALOMA AVE.
CITY-ST-ZIP	WINTER PARK, FL 32792

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: _____ Scott D. Clarke Pres _____ 4/21/04 _____ 407-675-8880

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #