


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2004 8:00 am
Secretary of State

01-12-2004 90013 011 ***150.00

DOCUMENT # P03000084145

1. Entity Name
 CHRISTOVA/CARDILLO/RODRIGUES, INC.



Principal Place of Business
 1217 CAPE CORAL PKWY
 CAPE CORAL, FL 33904-9604

Mailing Address
 1217 CAPE CORAL PKWY
 CAPE CORAL, FL 33904-9604



2. Principal Place of Business
 433 4th St. N.
 Suite, Apt. #, etc.

3. Mailing Address
 433 4th St. N.
 Suite, Apt. #, etc.

01072004 Chg-P CR2E034 (10/03)

City & State
 St. Petersburg FL

City & State
 St. Petersburg FL

Zip
 33701

Country

4. FEI Number
 141890816

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

PRESIDENTIAL SERVICES INCORPORATED
 1217 CAPE CORAL PKWY
 CAPE CORAL, FL 33904-9604

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P Christova, Albena C <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Christova, Albena C	NAME	
STREET ADDRESS	2201 59th Street South	STREET ADDRESS	
CITY-ST-ZIP	St. Petersburg, FL 33707	CITY-ST-ZIP	
TITLE	VP, S Cardillo, Mark J <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Cardillo, Mark J	NAME	
STREET ADDRESS	3613 South Clark Ave	STREET ADDRESS	
CITY-ST-ZIP	Tampa, FL 33629	CITY-ST-ZIP	
TITLE	VP, T Rodrigues, Anthony S. <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Rodrigues, Anthony S.	NAME	
STREET ADDRESS	2710 13th Street North	STREET ADDRESS	
CITY-ST-ZIP	St. Petersburg, FL 33704	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: *X A. Rodrigues* DATE: _____ DAYTIME PHONE #: 727-895-8499

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR