## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P06000037232

1. Entity Name

CANES & DISTINCTIVE INVENTIONS, INC.



FILED Mar 10, 2008 08:00 A Secretary of State

					9				
Principal Place of Business		Mailing Address							
12341 HARBOR WINDS DR N Jacksonville, Fl. 32225		12341 HARBOR WINDS DR N Jacksonville, Fl 32225						PRI 11 1791	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02202008	Chg-P	CR2E03	4 (12/06)		
City & State		City & State		4. FEI Number 16-1753	859		_ <del> </del>	plied For t Applicable	
Zip	Country	Zip	Country		5. Certificate of	f Status Desired		8.75 Add ee Required	
	6. Name and Address of Current	Registered Agent			7. Name and A	ddress of New R	egistered A	gent	
				Name					
FOSTER, HOLLYN J 334 E DUVAL STREET JACKSONVILLE, FL 32202		Street Ad		Street Addre	ress (P.O. Box Number is Not Acceptable)				
	·			City			FL	Zip Code	)
* The shove	named entity submits this statement for	or the nurnose of changing its	registere	ed office or regi	istered agent, or both	in the State of Fir		miliar with	and accept
	ions of registered agent.	in the purpose of chariging he	rogioloic	od omoc or rog	notorod agoris, or boar	, ,,, ,,,,	, , , , , , , , , , , , , , , , , , ,		
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE									
		A 51 11 0 1			45.00				
	E NOW!!! FEE IS \$150.00 ny 1, 2008 Fee will be \$550.	9. Election Campa Trust Fund Cont	-		\$5.00 May Be Added to Fees				
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/C	HANGES TO OFF	ICERS AND	DIRECTORS	S IN 11
TITLE	CPM	☐ Delete	TITLE		TS		2	Change	Addition
NAME STREET ADDRESS	BLAKE, CHARLES A   12341 HARBOR WINDS DR NO								
CITY-ST-ZIP				-					
	JACKSONVILLE, FL 32225	RTH		ET ADDRESS -ST-ZIP					
TTTLE	JACKSONVILLE, FL 32225	RTH		ET ADDRESS -ST-ZIP		/ 1:3 <u>0.01</u> 1:32.72		Change	Addition
TITLE '	JACKSONVILLE, FL 32225		СПҮ-	ET ADDRESS -ST-ZIP	0	U0000089 3/26/08-80		□ Change 2 150.0	Addition
NAME ' STREET ADDRESS	JACKSONVILLE, FL 32225		CITY- TITLE NAME STREE	ET ADDRESS -ST-ZIP E E EET ADDRESS	Đ	U0000083 3/26/08-80	72899 1048-002	□ Change 2 150.0	Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:** 

Maules A Julia BIGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR 7-22-2008

(904) 631-5327

Daytime Phone #