

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000021719

**Entity Name:** CDO ENTERPRISE INCORPORATED

**Current Principal Place of Business:**

455 DOUGLAS AVE  
STE 2155-23  
ALTAMONTE SPRINGS, FL 32714

**Current Mailing Address:**

455 DOUGLAS AVE  
STE 2155-23  
ALTAMONTE SPRINGS, FL 32714

**FEI Number:** 59-3574959

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

OLIVER, CHARLES D  
455 DOUGLAS AVE  
2155-23  
ALTAMONTE SPRINGS, FL 32714 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name OLIVER, CHARLES D  
Address 455 DOUGLAS AVE 2155-23  
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title CEO  
Name OLIVER, CHARLES D  
Address 455 DOUGLAS AVE., STE. 2155-23  
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title T  
Name OLIVER, CHARLES D  
Address 455 DOUGLAS AVE., STE. 2155-23  
City-State-Zip: ALTAMONTE SPRINGS FL 32714

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** CHARLES OLIVER

**PRESIDENT**

**04/24/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date