

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 519200

1. Entity Name
CAMARDO ENTERPRISES, INC.



Principal Place of Business
**9532 HEMPEL COVE BLVD.
WINDERMERE, FL 34786 US**

Mailing Address
**9532 HEMPEL COVE BLVD.
WINDERMERE, FL 34786 US**

FILED
Mar 10, 2004 08:00 AM
Secretary of State



01242004 No Chg-P CR2E034 (10/03)

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4. FEI Number
59-1702878

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**FERNANDEZ, WILLIAM W.
49 NORTH ORANGE AVENUE
ORLANDO, FL**

**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

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

U00000083416
03/10/04-80038-014 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD CAMARDO, JOHN J. 9532 HEMPEL COVE BLVD. WINDERMERE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD CAMARDO, ROSEANN 9532 HEMPEL COVE BLVD. WINDERMERE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T CAMARDO, JOHN J. 9532 HEMPEL COVE BLVD. WINDERMERE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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)(f), 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/7/04

Date

407-299-3678

Daytime Phone #