

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2005 08:00 AM
Secretary of State

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



02242005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1702878	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

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	

1000000301200
04/13/05-80042-020 150.00

**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: Roseann Camardo ROSEANN CAMARDO 4/6/05 407-249-3678
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #