



2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 08:00 AM
Secretary of State

DOCUMENT # F96000003141		
1. Entity Name CINDEN ENTERPRISES, INC.		
Principal Place of Business 1819 EL PASO TRAIL GULF BREEZE, FL 32563	Mailing Address 1819 EL PASO TRAIL GULF BREEZE, FL 32563	 04292008 No Chg-P CR2E034 (11/05) 4. FEI Number 59-3382406 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent OSIECZANEK, DENNIS J 1819 EL PASO TRAIL GULF BREEZE, FL 32563		
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, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
		U00000840443 05/28/08-80067-013 150.00
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTDC OSIECZANEK, DENNIS J 1819 EL PASO TRAIL GULF BREEZE, FL 32563	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ANTHONY, ROGER L 1819A EL PASO TR GULF BREEZE, FL 32563	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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: <u>Dennis J Osieczanek</u> <u>Dennis J Osieczanek</u> <u>Apr 27</u> <u>850 501 0933</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #		