

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # F97000004927**

1. Entity Name  
CERTIFIED DIABETIC SUPPLIES INC.



Principal Place of Business  
3030 HORSESHOE DRIVE SOUTH, #200  
NAPLES, FL 34104

Mailing Address  
3030 HORSESHOE DRIVE SOUTH, #200  
NAPLES, FL 34104



02112004 No Chg-P CR2E034 (10/03)

4. FEI Number  
65-0613873

Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

FIELDS, ALAN B  
3030 HORSESHOE DRIVE SOUTH, #200  
NAPLES, FL 34104

**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

U00000136585  
04/28/04-80095-024 150.00

**10. OFFICERS AND DIRECTORS**

TITLE	DP
NAME	PETERSON, BRENT
STREET ADDRESS	3030 HORSESHOE DRIVE SOUTH, #200
CITY-ST-ZIP	NAPLES, FL 34104
TITLE	DV
NAME	FIELDS, ALAN B
STREET ADDRESS	3030 HORSESHOE DRIVE SOUTH, #200
CITY-ST-ZIP	NAPLES, FL 34104
TITLE	D
NAME	ERIE, ELROY E
STREET ADDRESS	3030 HORSESHOE DRIVE SOUTH, #200
CITY-ST-ZIP	NAPLES, FL 34104
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)(i), 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:** **BRENT PETERSON, PRESIDENT** **APRIL 26, 2004** **239.430.5001**