

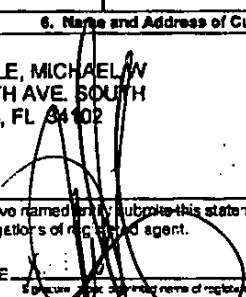
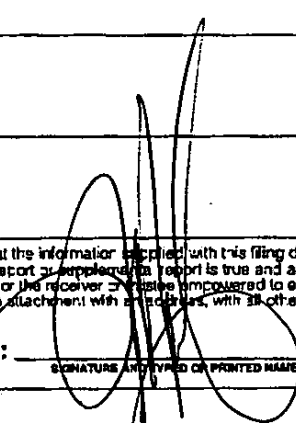
Apr 25 05 04:32p

Matt Matthews

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90261 042 ***150.00

**2005 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P01000038807			
1. Entity Name MORANDE ENTERPRISES, INC.			
Principal Place of Business 8300 RADIO RD NAPLES, FL 34104		Mailing Address 1472 AIRPORT ROAD NAPLES, FL 34110	
2. Principal Place of Business		3. Mailing Address	
Suits, Apt. #, etc.		Suits, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent MCARDLE, MICHAEL W 711 FIFTH AVE. SOUTH NAPLES, FL 34102		7. Name and Address of New Registered Agent Name JAMES A. MORANDE JR. Street Address (P.O. Box Number is Not Acceptable) 5180 OLD GALLOWAY WAY City NAPLES FL Zip Code 34105	
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 		DATE 4-28-05	
FILE NOW!! FEE IS \$150.00 After May 1, 2005 Fee will be \$350.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT MORANDE, JR, JAMES 5180 OLD GALLOWAY WAY NAPLES, FL 34105 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS MORANDE, MICHAEL J 27253 BARBROSSA ST. BONITA SPRINGS, FL 34135 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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 included on this report is complete, the 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 a notary, with all other like empowered.			
SIGNATURE: 		DATE 4-28-05 239-455191	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	

14009859



04252005 Chg-P CR2E034 (10/03)

4. FEI Number 59-3733588 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCARDLE, MICHAEL W
711 FIFTH AVE. SOUTH
NAPLES, FL 34102Name JAMES A. MORANDE JR.
Street Address (P.O. Box Number is Not Acceptable)
5180 OLD GALLOWAY WAY
City NAPLES FL Zip Code 34105

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 of the registered agent and the filer, if applicable.

(NOTE: Registered Agent signature required when releasing)

DATE

FILE NOW!! FEE IS \$150.00
After May 1, 2005 Fee will be \$350.009. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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CITY-ST-ZIP
PT
MORANDE, JR, JAMES
5180 OLD GALLOWAY WAY
NAPLES, FL 34105 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPS
MORANDE, MICHAEL J
27253 BARBROSSA ST.
BONITA SPRINGS, FL 34135 ☒ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #