


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 23, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P01000047457</b>		
1. Entity Name CD HOLDINGS, INC.		
Principal Place of Business 250 W. CHURCH AVE. LONGWOOD, FL 32750	Mailing Address 250 W. CHURCH AVE. LONGWOOD, FL 32750	  01062004 No Chg-P CR2E034 (10/03)  4. FEI Number 59-3719852  5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>  4. Applied For Not Applicable
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  CARNES, ROBERT M 4361 STEED TERRACE WINTER PARK, FL 32792		
<b>DO NOT WRITE IN THIS SPACE</b>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)</small> DATE _____		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$350.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARNES, ROBERT M 4361 STEED TERRACE LONGWOOD, FL 32750	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DONKIN, ANDREW C 156 SEMINOLE DR. DEBARY, FL 32713	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DONKIN, TRACEY 156 SEMINOLE DRIVE DEBARY, FL 32713	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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: <u>Tracey L Donkin</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> Date _____ Daytime Phone # _____		