

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2008 08:00 AM
Secretary of State

DOCUMENT # P01000083166	
1. Entity Name CANDIPOTS, INC.	
Principal Place of Business 1206 VALENCIA LANE AUBURNDALE, FL 33823	Mailing Address 1206 VALENCIA LANE AUBURNDALE, FL 33823



01192008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3737163	Applied For <input type="checkbox"/> Not Applicable
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 RHODA, FREDRICK 1206 VALENCIA LANE AUBURNDALE, FL 33823	
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]*
Signature typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

2-12-08

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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	P RHODA, FREDERICK 1206 VALENCIA LN AUBURNDALE, FL 338232364
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RHODA, PATRICIA 1206 VALENCIA LN AUBURNDALE, FL 338232364
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02/26/08-80010-019 150.00

DO NOT WRITE IN THIS SPACE

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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-12-08

Date

Daytime Phone #