2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 04, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000014361

1. Entity Name

CONDO DIRECTORIES OF FLORIDA, INC.

Principal Place of Business	Mailing Address
1401 MIDDLE GULF DR., UNIT S 403 SANIBEL FL 33957	1401 MIDDLE GULF DR., UNIT S 403 SANIBEL FL 33957

MOORE CR2E034 (11/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc: No change	Suite, Apt. #, etc: No Change
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 01-0609178 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

RENDE, CARMINE JR.
1401 MIDDLE GULF DR., UNIT S 403
SANIBEL FL 33957

7. Name and Address of New Registered Agent

Name

Street Address (P O. Box Number is Not Acceptable)

No Change

City **FL** Zip Code

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 Carmine Rende Jr. President 3/1/04
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
Make Check Payable to Florida Department of State

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	PVST RENDE, CARMINE JR. 1401 MIDDLE GULF DR., UNIT S 403 SANIBEL FL 33957	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition U00000076157 03/04/04-80016-024 150.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RENDE, CARMINE JR. 1401 MIDDLE GULF DR., UNIT S 403 SANIBEL FL 33957	☐ 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 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 Carmine Rende Jr. Pres. Carmine Rende Jr. 3/1/04 239 275-4240
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #