


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 28, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000014361
 1. Entity Name
CONDO DIRECTORIES OF FLORIDA, INC.



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

2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.
 City & State: _____
 Zip: _____ Country: _____



1st MOORE CR2E034 (10/04)

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): _____
 City: _____ State: **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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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	
TITLE: PVST <input type="checkbox"/> Delete NAME: RENDE, CARMINE JR. STREET ADDRESS: 1401 MIDDLE GULF DR., UNIT S 403 CITY- ST- ZIP: SANIBEL FL 33957	
TITLE: D <input type="checkbox"/> Delete NAME: RENDE, CARMINE JR. STREET ADDRESS: 1401 MIDDLE GULF DR., UNIT S 403 CITY- ST- ZIP: SANIBEL FL 33957	
TITLE: _____ <input type="checkbox"/> Delete NAME: _____ STREET ADDRESS: _____ CITY- ST- ZIP: _____	
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TITLE: _____ <input type="checkbox"/> Delete NAME: _____ STREET ADDRESS: _____ CITY- ST- ZIP: _____	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: _____ STREET ADDRESS: _____ CITY- ST- ZIP: _____	
TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: _____ STREET ADDRESS: _____ CITY- ST- ZIP: _____	
TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: _____ STREET ADDRESS: _____ CITY- ST- ZIP: _____	
TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: _____ STREET ADDRESS: _____ CITY- ST- ZIP: _____	
TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: _____ STREET ADDRESS: _____ CITY- ST- ZIP: _____	

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 01/28/05-20066-017 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.* 1-25-05 (239) 275-4240
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #