



**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 21, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000052696		
1. Entity Name CDCT INVESTMENTS, INC.		
Principal Place of Business 7606 S. TAMiami TRAIL SARASOTA, FL 34231		Mailing Address 7606 S. TAMiami TRAIL SARASOTA, FL 34231
DO NOT WRITE IN THIS SPACE		
		 04172004 No Chg-P CR2E034 (10/03)
4. FEI Number 30-0090817		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent AUMAN, CHRIS L 7606 S. TAMiami TRAIL SARASOTA, FL 34231		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
		04/21/04-80034-012 150.00
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PIERRE, CLAUDE 5103 GLADE FERN COURT. SARASOTA, FL 34238	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SPRINGER, DAVID 4358 ARROW AVENUE SARASOTA, FL 34232	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D AUMAN, CHRIS L 6602 WESTWARD PLACE BRADENTON, FL 34201	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D J. TED KREGER 7731 CASTLE ISLAND DRIVE SARASOTA, FL 34240	
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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		4-17-04 941-921-5663 <small>Date Daytime Phone #</small>