2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # P02000094886

1. Entity Name
CDI UNLIMITED INC.

Principal Place of Business	Mailing Address
209 SHORE DRIVE EAST OLDSMAR, FL 34677 US	209 SHORE DRIVE EAST OLDSMAR, FL 34677 US

04212005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
75-3083842
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BOISVERT, FRED A
209 SHORE DRIVE EAST
OLDSMAR, FL 34677

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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: _____ DATE
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

000001340066
04/28/05-80101-024 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	BOISVERT, FRED A
STREET ADDRESS	209 SHORE DRIVE EAST
CITY-ST-ZIP	OLDSMAR, FL 34677
TITLE	VP
NAME	BOISVERT, JENNIFER L
STREET ADDRESS	209 SHORE DRIVE EAST
CITY-ST-ZIP	OLDSMAR, FL 34677
TITLE	S
NAME	BOISVERT, JENNIFER L
STREET ADDRESS	209 SHORE DRIVE EAST
CITY-ST-ZIP	OLDSMAR, FL 34677
TITLE	T
NAME	BOISVERT, JENNIFER L
STREET ADDRESS	209 SHORE DRIVE EAST
CITY-ST-ZIP	OLDSMAR, FL 34677
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: _____ 4/25/05 727-385-5129
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME TELEPHONE #