


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2004 8:00 am
Secretary of State

03-10-2004 90016 007 ***158.75

DOCUMENT # P03000078515					
1. Entity Name CARNDIA CORPORATION					
Principal Place of Business 1412 WILDHORSE PARKWAY WILDWOOD, MO 63005 US			Mailing Address 1412 WILDHORSE PARKWAY WILDWOOD, MO 63005 US		
2. Principal Place of Business 2250 PORTOFINO PL.		3. Mailing Address 2250 PORTOFINO PL.			
Suite, Apt. #, etc. #238		Suite, Apt. #, etc. #238			
City & State PALM HARBOR FL		City & State PALM HARBOR FL			
Zip 34683		Country USA		4. FEI Number 20-0117579	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		Applied For <input type="checkbox"/> Not Applicable			
6. Name and Address of Current Registered Agent ACTIVE FILINGS LLC 10651 NE 11TH COURT MIAMI SHORES, FL 33138			7. Name and Address of New Registered Agent Name CARL REISIG Street Address (P.O. Box Number is Not Acceptable) 2250 PORTOFINO PLACE, #238 City PALM HARBOR FL Zip Code 34683		
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 <i>Carl Reisig</i> CARL REISIG 3/6/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
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			
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition PRESIDENT CARL REISIG 2250 PORTOFINO PL #238 PALM HARBOR, FL 34683				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition SECRETARY CARL REISIG 2250 PORTOFINO PLACE, #238 PALM HARBOR, FL 34683				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition TREASURER CARL REISIG 2250 PORTOFINO PLACE, #238 PALM HARBOR, FL 34683				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition VICE PRESIDENT LINDA REISIG 2250 PORTOFINO PLACE, #238 PALM HARBOR, FL 34683				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
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: <i>Carl Reisig</i> CARL REISIG 3/6/04 (727) 942-8197 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					