


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 11, 2005 8:00 am
Secretary of State

03-11-2005 90315 014 ***150.00

DOCUMENT # P03000078515		
1. Entity Name CARNDIA CORPORATION		

Principal Place of Business 3481 KINGS ROAD, #105 PALM HARBOR, FL 34685 US	Mailing Address 3481 KINGS ROAD, #105 PALM HARBOR, FL 34685 US
--	--

50024937



2. Principal Place of Business 1709 OAK POND CT Suite, Apt. #, etc.	3. Mailing Address 1709 OAK POND CT Suite, Apt. #, etc.
--	--

03072005 Chg-P CR2E034 (10/03)

City & State OLDSMAR FL	City & State OLDSMAR FL
Zip 34677	Country USA

4. FEI Number 20-0117579	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent REISIG, CARL 3481 KINGS ROAD, #105 PALM HARBOR, FL 34685	
--	--

7. Name and Address of New Registered Agent Name REISIG, CARL Street Address (P.O. Box Number is Not Acceptable) 1709 OAK POND CT City OLDSMAR FL Zip Code 34677	
--	--

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: Carl Reisig <small>Signature, typed or printed name of registered agent and title if applicable.</small>	CARL REISIG PRESIDENT 3/4/05 <small>(NOTE: Registered Agent signature required when reinstating)</small> DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST REISIG, CARL 2250 PORTOFINO PLACE #238 PALM HARBOR, FL 34683 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1709 OAK POND CT OLDSMAR FL 34677
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V REISIG, LINDA 2250 PORTOFINO PLACE #238 PALM HARBOR, FL 34683 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1709 OAK POND CT OLDSMAR FL 34677
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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: Carl Reisig <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	CARL REISIG 3/7/05 (227) 598-1820 <small>Date Daytime Phone #</small>