2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2005 8:00 am
Secretary of State
03-21-2005 90080 002 ***150.00

DOCUMENT # P03000084760

1. Entity Name
CDT ENTERPRISES, INC.

Principal Place of Business	Mailing Address
4867 VICTORIA CHASE CT JACKSONVILLE, FL 32257-5206	4867 VICTORIA CHASE CT JACKSONVILLE, FL 32257-5206

03152005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
365 W Silverthorn LN	365 W Silverthorn LN
Suite, Apt. #, etc	Suite, Apt. #, etc.
City & State: ST AUGUSTINE, FL	City & State: ST AUGUSTINE, FL
Zip: 32095 Country: St Johns	Zip: 32095 Country: St. Johns

4. FEI Number: 06-1703376 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

THOMAS, DAN J JR.
4867 VICTORIA CHASE CT
JACKSONVILLE, FL 32257-5206

7. Name and Address of New Registered Agent

Name: THOMAS, DAN J JR
Street Address (P.O. Box Number is Not Acceptable): 365 W Silverthorn LN
City: ST AUGUSTINE FL Zip Code: 32095

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 [signature] DAN J THOMAS, JR. 3-16-05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY ST ZIP	PD THOMAS, DAN J JR 4867 VICTORIA CHASE CT JACKSONVILLE, FL 322575206	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	PD THOMAS, DAN J JR 365 W SILVERTHORN LN ST AUGUSTINE, FL 32095	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	VPD THOMAS, CAMELLIA J 4867 VICTORIA CHASE CT JACKSONVILLE, FL 322575206	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	VPD THOMAS, CAMELLIA J 365 W Silverthorn LN ST AUGUSTINE, FL 32095	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Change ☐ 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: [signature] DAN J THOMAS JR 3-16-05 904 343 0429
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #