2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000076957

1. Entity Name

CALADESI WASH BOWL, INC.



FILED Apr 25, 2008 08:00 AN Secretary of State

Principal Place of Business

2814 ST. MARKS DRIVE DUNEDIN, FL 34698 Mailing Address

2814 ST. MARKS DRIVE DUNEDIN, FL 34698



DO NOT WRITE IN THIS SPACE

04192008 No Chg-P CR2E034 (11/05)

4. FEI Number			Applied For
20-1169458			Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required		

6. Name and Address of Current Registered Agent

STARR, TED STARR LAW OFFICES, P.A. 8181 U.S. HIGHWAY 19 NORTH PINELLAS PARK, FL 33781 DO NOT WRITE IN THIS SPACE

11122210	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	•			
	named entity submits this statement for the plans of registered agent.	ourpose of changing its register	red office or registered agent, or bo	oth, in the State of Florida. I am familiar with, and acc	cept
SIGNATURE	Signature, typed or printed name of registered agent and title	f applicable. (NOTE: Register	ad Agent signature required when reinstating)	DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Fina Trust Fund Contribution.		000000321700 05/15/08-80017-014 150.00	
10.	OFFICERS AND DIREC	CTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD VANCE, GEORGETTE 4703 ORANGE GROVE WAY PALM HARBOR, FL 34684				e Fil
TITLE NAME STREET ADDRESS CITY-ST-ZIP					,
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO	NOT WRITE	•
TITLE NAME STREET ADDRESS CITY+ST-ZIP				THIS SPACE	
TITLE NAME STREET ADDRESS CITY-S1-ZIP					1
TITLE NAME STREET ADDRESS CITY-ST-ZIP		NAME OF THE PROPERTY OF THE PR	Page 12 Salaran and American Company		
12. I hereby of indicated	certify that the information supplied with this fi I on this report or supplemental report is true a	iling does not qualify for the ex and accurate and that my signs	temptions contained in Chapter 11 ature shall have the same legal effe	Florida Statutes. I further certify that the informati of as if made under oath; that I am an officer or direct	on ctor

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 OUT TYPED OR PRINTED NAM

Gogette Vance

XAPRIL 21-08

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