

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # P96000031171

1. Entity Name

CDIS ENTERPRISES, INCORPORATED



Principal Place of Business

5314 PEPPER LANE  
MARIANNA, FL 32448-7340 US

Mailing Address

5314 PEPPER LANE  
MARIANNA, FL 32448-7342 US



04192004 No Chg-P CR2E034 (10/03)

4. FEI Number

59-3375296

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

CARTER, CHANLEY W.  
5314 PEPPER LN  
MARIANNA, FL 32448

**DO NOT WRITE  
IN THIS SPACE**

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, 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, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution.



**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME CARTER, CHANLEY W  
STREET ADDRESS 5314 PEPPER LANE  
CITY-ST-ZIP MARIANNA, FL 324487340

TITLE VD  
NAME CARTER, DENISE L  
STREET ADDRESS 5314 PEPPER LANE  
CITY-ST-ZIP MARIANNA, FL 324487340

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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NAME  
STREET ADDRESS  
CITY-ST-ZIP

000000133246  
04/27/04-80080-007 150.00

**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)(f), 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:

*Chanley W. Carter* Chanley W. Carter 4-2604 850-573-0949  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #