

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P96000082955

1. Entity Name
CD PLUS ENTERPRISES, INC.



**FILED
Feb 17, 2004 8:00 am
Secretary of State**

02-17-2004 90046 033 ***150.00

94016418



02032004 Chg-P CR2E034 (10/03)

Principal Place of Business
16139 4TH STREET E.
REDINGTON BEACH, FL 33708

Mailing Address
16139 4TH STREET E.
REDINGTON BEACH, FL 33708

2. Principal Place of Business
15045 Madero Way

Suite, Apt. #, etc.

3. Mailing Address
PO Box 8448

Suite, Apt. #, etc.

City & State
Madeira Beach 33708

City & State
Madeira Beach FL

Zip
33708

Zip
33708

Country

4. FEI Number
59-3409578

Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

STEINHOFF, RON
14955 GULF BLVD.
MADEIRA BEACH, FL 33708

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
16004 5th St N

City

FL Zip Code

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

P
STEINHOFF, BRENDA
16139 4TH ST E
REDINGTON BCH, FL 33708

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

16004 5th St N

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/10/04 7276397780
Date Daytime Phone #