

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90389 011 ***150.00

DOCUMENT # P97000030633

1. Entity Name

CDL PROPERTIES, INC.



Principal Place of Business

5200 NEWBERRY RD
STE D-9
GAINESVILLE FL 32607
US

Mailing Address

5200 NEWBERRY RD
STE D-9
GAINESVILLE FL 32607
US

2. Principal Place of Business

7545 W. UNIV. AVE

3. Mailing Address

7545 W. UNIV. AVE

Suite, Apt. #, etc.

Suite A

Suite, Apt. #, etc.

Suite A

City & State

GAINESVILLE, FL.

City & State

GAINESVILLE, FL.

Zip

32607

Country

USA

Zip

32607

Country

USA



MOORE

CR2E034 (11/03)

4. FEI Number

59-3448071

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

JOHNSON, CARL L
2731 N.W. 41ST STREET
SUITE B-3
GAINESVILLE FL 32606

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

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

Max\$ Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PVPS
NAME LOWNDES, CHARLES D
STREET ADDRESS 5200 NEWBERRY RD, #D-9
CITY-ST-ZIP GAINESVILLE FL 32607

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS 7545 W. UNIV. AVE STE A
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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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:

Charles D. Lowndes

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-1-04

Date

Daytime Phone #

President