2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P97000102065

1. Entity Name
CARDENS MANAGEMENT COMPANY

Principal Place of Business	Mailing Address
1640 LEMON BAY DRIVE VENICE, FL 34293	PO BOX 1922 VENICE, FL 34284

DO NOT WRITE IN THIS SPACE

04172004   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
65-0803784	Not Applicable

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

6. Name and Address of Current Registered Agent

NESSEL, DENIS
1640 LEMON BAY DRIVE
VENICE, FL 34293

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	PT
NAME	NESSEL, DENNIS
STREET ADDRESS	1640 LEMON BAY DRIVE
CITY-ST-ZIP	VENICE, FL 34293

TITLE	S
NAME	NESSEL, CAROLYN
STREET ADDRESS	1640 LEMON BAY DRIVE
CITY-ST-ZIP	VENICE, FL 34293

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/28/04-80018-005 150.00

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: *Dennis Nessel*   DENNIS NESSEL   4-15-04   941.497.2888
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #