

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-07-2005 90027 012 ***150.00

DOCUMENT # P97000102065	
1. Entity Name CARDENS MANAGEMENT COMPANY	

Principal Place of Business 1640 LEMON BAY DRIVE VENICE, FL 34293	Mailing Address PO BOX 1922 VENICE, FL 34284
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66010410



04032005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0803784	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent NESSEL, DENIS 1640 LEMON BAY DRIVE VENICE, FL 34293	
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PT NESSEL, DENNIS 1640 LEMON BAY DRIVE VENICE, FL 34293
TITLE NAME STREET ADDRESS CITY- ST- ZIP	S NESSEL, CAROLYN 1640 LEMON BAY DRIVE VENICE, FL 34293
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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)(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 4-22-05 941.497.2888
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #