


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 17, 2006 8:00 am
Secretary of State

07-17-2006 90142 006 ***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**

40099440

2. Principal Place of Business
**Cardens Management
 2357 S. Tamiami Tr. PMB 146
 Venice, Florida 34293-5022**

Suite, Apt. #, etc.
 Suite, Apt. #, etc.



City & State
 City & State

Zip Country Zip Country

07132006 Chg-P CR2E034 (11/05)

6. Name and Address of Current Registered Agent
**NESSEL, DENIS DENNIS
 1640 LEMON BAY DRIVE
 VENICE, FL 34293**

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 *Dennis Nessel* DATE 7-13-06
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 Due by September 6, 2006

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees** In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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* DATE 7-13-06 DAYTIME PHONE # 941 497 2888
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #