

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 23, 2004 8:00 am
Secretary of State

07-23-2004 90003 023 ***150.00

DOCUMENT # P97000106186

1. Entity Name
CONSUMER DIRECT ONLINE, INC.



Principal Place of Business
**4631 NW 31ST AVE., SUITE 305
FT. LAUDERDALE, FL 33309**

Mailing Address
**4631 NW 31ST AVE., SUITE 305
FT. LAUDERDALE, FL 33309**

54064578



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07152004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

65-0803309

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LIVERPOOL, RUTH
8423 W OAKLAND PRK BLVD.
SUNRISE, FL 33351**

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
Due by September 8, 2004**

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

TITLE **D** ☐ Delete
NAME **TULLOCH, CLIFTON**
STREET ADDRESS **4631 NW 31ST AVE., SUITE 305**
CITY-ST-ZIP **FT. LAUDERDALE, FL 33309**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

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

7/28/04

Date

Daytime Phone #

754-234-3894

54064578
Attachment

Lass Accounting & Business Services, Inc.

4974 N. University Dr.

Lauderhill, FL, 33351 #P97000106186

PH(954)746-5011, FAX(954)746-7996

July, 1, 2004


RE: Consumer Direct Online, Inc.

DN: P97000106186

To Whom It May Concern:

We receive a notice from you stating that the above corporation was about to be dissolve. Please note that we never receive any notices for the renewal except this one. We are asking that you may please waive all penalties and late fees and renew the corporation. Thank you for your corporation on this matter.

Respectfully,



**Colleen Pope
Accounting Associate**