

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 10, 2005 08:00 AM
Secretary of State**

DOCUMENT # P98000084173

1. Entity Name

CANDLEWICK CONSULTING, INC.



Principal Place of Business

7796 N. HOLIDAY DRIVE
SARASOTA, FL 34231

Mailing Address

7796 N. HOLIDAY DRIVE
SARASOTA, FL 34231



02082005

No Chg-P

CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CASWELL, CHRIS
1215 N. PALM AVE.
SARASOTA, FL 34236

**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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME STENDEL, EDGAR
STREET ADDRESS 7796 N. HOLIDAY DRIVE
CITY-ST-ZIP SARASOTA, FL 34231

TITLE D
NAME STENDEL-JONES, PAT
STREET ADDRESS 7796 N. HOLIDAY DRIVE
CITY-ST-ZIP SARASOTA, FL 34231

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

000000224252
02/10/05-80078-021 158.75

**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 an other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

EDGAR STENDEL

FEB. 8, 2005

Date

Daytime Phone #

(941) 927 0585