


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

01-17-2006 90269 042 ***150.00

DOCUMENT # P98000106016 1. Entity Name CDZ SALES OF THE CAROLINAS, INC.	
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Principal Place of Business 3601 PALM HARBOR BLVD. PALM HARBOR, FL 34683	Mailing Address 3601 PALM HARBOR BLVD. PALM HARBOR, FL 34683
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DO NOT WRITE IN THIS SPACE



01052006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3548538	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent DICAMILLO, ROBERT J 3601 PALM HARBOR BLVD. PALM HARBOR, FL 34683	DO NOT WRITE IN THIS SPACE
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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 _____
Signature based on block and not on the original and the above case. (01052006) Registered agent signature required for change.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY ST ZIP	VP ZITIELLO, THOMAS L 3601 PALM HARBOR BLVD. PALM HARBOR, FL 34683
TITLE NAME STREET ADDRESS CITY ST ZIP	P DICAMILLO, ROBERT J 3601 PALM HARBOR BLVD. PALM HARBOR, FL 34683
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IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/6/06

727/785-6264