


2004 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Mar 02, 2004 08:00 AM
Secretary of State

DOCUMENT # P99000064085
 1. Entity Name
 CALADIUMS DIRECT, INC.



Principal Place of Business Mailing Address
 147 OB ROAD 147 OB ROAD
 LAKE PLACID, FL 33852 LAKE PLACID, FL 33852

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02172004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3588849	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

SAPP, KIMBERLY L
 425 S COMMERCE AVE
 SEBRING, FL 33870

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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, 2004 Fee will be \$550.00

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

UN1000073342
 03/02/04-80032-016 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SAPP, KEVIN 147 OB ROAD LAKE PLACID, FL 33852
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SAPP, STEPHANIE L 147 OB ROAD LAKE PLACID, FL 33852
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Stephanie L. Sapp 02/18/04 863-465-4955
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #