

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 11, 2005 08:00 AM
Secretary of State

DOCUMENT # P99000077877

1. Entity Name
CANDO GROUP, INC.



Principal Place of Business
8374 MARKET ST.
BRADENTON, FL 34202 US

Mailing Address
8374 MARKET ST.
BRADENTON, FL 34202 US



03162005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0946562

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DORMAN, LORI M
HAMRUCK, PERREY, QUINLIM, SMITH, P.A.
601 12TH ST. W
BRADENTON, FL 34205

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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
NAME
STREET ADDRESS
CITY-ST-ZIP
D
BLADES, WILLIAM O JR
11875 HOLLYHOCK DR
BRADENTON, FL 34202

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
BLADES, G JOANNE
11875 HOLLYHOCK DR
BRADENTON, FL 34202

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
MAGINNESS, MICHAEL
6420 FOX GRAPE LN.
BRADENTON, FL 34202

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

UD0000299111
04/11/05-80095-009 150.00

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: *W O Blades Jr*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WILLIAM O. BLADES JR * 4-6-05 941-749-2829

Doc#

Daytime Phone #