

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000089019

FILED  
Mar 04, 2005  
Secretary of State

Entity Name: CNI HOLDING CORPORATION

## Current Principal Place of Business:

28059 U.S. HIGHWAY 19 N.  
SUITE 300  
CLEARWATER, FL 33761

## Current Mailing Address:

PO BOX 383  
SAFETY HARBOR, FL 34695

## New Principal Place of Business:

28059 U.S. HIGHWAY 19 N.  
SUITE 300  
CLEARWATER, FL 337612643 US

## New Mailing Address:

PO BOX 383  
SAFETY HARBOR, FL 34695 US

FEI Number: 59-3601506

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

NIEDZIELSKI, PATRICIA  
28059 U.S. HIGHWAY 19 N.,STE.300  
CLEARWATER, FL 33761 US

## Name and Address of New Registered Agent:

NIEDZIELSKI, PATRICIA  
28059 U.S. HIGHWAY 19 N.  
SUITE 300  
CLEARWATER, FL 337612643 US

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.

SIGNATURE:

03/04/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D (X) Delete  
Name: RUDKIN, SAM  
Address: 28059 US HWY 19 N STE 300  
City-St-Zip: CLEARWATER, FL 33761

Title: D ( ) Delete  
Name: ANDERSON, DONALD V  
Address: 28059 US HWY 19 N STE 300  
City-St-Zip: CLEARWATER, FL 33761

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: P (X) Change ( ) Addition  
Name: ANDERSON, DONALD V  
Address: 28059 US HWY 19 N STE 300  
City-St-Zip: CLEARWATER, FL 337612643 US

Title: D ( ) Change (X) Addition  
Name: REID, RUTHERFORD  
Address: 28059 US HWY 19 N SUITE 300  
City-St-Zip: CLEARWATER, FL 337612643 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DONALD ANDERSON

P

03/04/2005

Electronic Signature of Signing Officer or Director

Date