


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2005 08:00 AM
Secretary of State

DOCUMENT # V25742

1. Entity Name
C & L REAL ESTATE, INC.



Principal Place of Business 334 U.S. 41 BYPASS S. SUITE C VENICE, FL 34292 US	Mailing Address 334 U.S. 41 BYPASS S. SUITE C VENICE, FL 34292 US
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DO NOT WRITE IN THIS SPACE



01102005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0332885	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

**ACCARDI, THOMAS G.
 3139 CHESTNUT RD
 VENICE, FL 34293.**

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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 is valid if applicable. (NOTE: Registered Agent signature required when contacting)

**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 THOMAS, ACCARDI G 3139 CHESTNUT RD VENICE, FL 34293
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSD CHRISTINE, ACCARDI 3139 CHESTNUT RD VENICE, FL 34293
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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: Thomas C Accardi (941)
 DIRECTOR 3/3/05 485-9222
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #