


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # V69324</b>	
1. Entity Name CANDANPAT ENTERPRISES, INC.	

Principal Place of Business	Mailing Address
5300 1ST AVE NORTH ST PETERSBURG, FL 33710 US	11265 5TH STREET, EAST TREASURE ISLAND, FL 33706



03312005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3143439	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
CONE, PATRICIA Y 11265 FIFTH STREET EAST TREASURE ISLAND, FL 33706

<b>DO NOT WRITE IN THIS SPACE</b>
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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 Patricia Y. Cone PATRICIA Y CONE PRES/TREAS 4-15-05  
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

U000000314047  
04/18/05-80153-003 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT CONE, PATRICIA Y. 11265 5TH STREET, EAST TREASURE ISLAND, FL 33706
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CONE, PATRICK B 11540 5TH ST E. TREASURE ISLAND, FL 33706
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CONE, DANIEL Y 938 VAN DR. AUBURNDALE, FL 33823
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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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: Patricia Y. Cone PATRICIA Y CONE PRES 4-15-05 727-321-2740  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #