


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 11, 2008 8:00 am
Secretary of State

09-11-2008 90001 046 ***150.00

DOCUMENT # P01000000015			
1. Entity Name BABY GUARD BY CADIEUX INDUSTRIES, INC.			
Principal Place of Business 7033 SW 22ND STREET OCALA, FL 34474 US		Mailing Address 7033 SW 22ND STREET OCALA, FL 34474 US	
2. Principal Place of Business - No P.O. Box # 4131 Nashville Rd		3. Mailing Address 4131 Nashville Rd	
City & State North Port, FL		City & State North Port, FL	
Zip 34288		Zip 34288	
Country		Country	
4. FEI Number 65-1061775		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CADIEUX, SCOTT J 7033 SW 22ND STREET OCALA, FL 34474		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	
FL		FL	
Zip Code		Zip Code	
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: <u>Jennifer Eaton</u>		DATE: <u>9/5/08</u>	
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 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CADIEUX, SCOTT J	NAME	
STREET ADDRESS	7033 SW 22ND STREET	STREET ADDRESS	
CITY-ST-ZIP	OCALA, FL 34474	CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EATON, JENNIFER L S	NAME	
STREET ADDRESS	2514 AFFINITY LANE	STREET ADDRESS	
CITY-ST-ZIP	NORTH PORT, FL 34286	CITY-ST-ZIP	
TITLE	VP <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EATON, ROBIN J VP	NAME	
STREET ADDRESS	2514 AFFINITY LANE	STREET ADDRESS	
CITY-ST-ZIP	NORTH PORT, FL 34286	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Jennifer Eaton</u>		DATE: <u>9/5/08</u>	
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone # <u>941-408-6703</u>	