

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 31, 2004 8:00 am**  
**Secretary of State**

03-31-2004 90027 004 \*\*\*150.00

**DOCUMENT # 184493**

1. Entity Name  
CAR-DELL INC



Principal Place of Business  
4173 BIRMINGHAM ROAD  
JACKSONVILLE, FL 32207

Mailing Address  
4173 BIRMINGHAM ROAD  
JACKSONVILLE, FL 32207

Y4U4U111



03032004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-0781069

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

DEJONG, JULIANNE C.  
4173 BIRMINGHAM ROAD  
JACKSONVILLE, FL 32207

**DO NOT WRITE  
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, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE P  
NAME DEJONG, JULIANNE C  
STREET ADDRESS 4173 BIRMINGHAM ROAD  
CITY-ST-ZIP JACKSONVILLE, FL 32207

TITLE VP  
NAME CARR, JULIA C  
STREET ADDRESS ~~13000 FAIRWAY ISLAND DRIVE, APT 838~~ 1651 MARINA LAKE DRIVE  
CITY-ST-ZIP ~~ORLANDO, FL 32837~~ 32744

TITLE ST  
NAME CADDELL, FRED B JR  
STREET ADDRESS POST OFFICE BOX 988  
CITY-ST-ZIP WINNFIELD, LA 71483988

TITLE AST  
NAME CARLYON, GEORGE S  
STREET ADDRESS 3951 BAYMEADOWS RD  
CITY-ST-ZIP JACKSONVILLE, FL 32217

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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:**

*Julianne C. DeJong*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JULIANNE C. DeJONG 3/25/04

Date

904/399-3673

Daytime Phone #