

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 22, 2004 8:00 am
Secretary of State

04-22-2004 90085 017 ***150.00

DOCUMENT # 368331

1. Entity Name

CARVERS ENTERPRISES, INC.



Principal Place of Business

**7220 NATHAN LANE
MILTON FL 32570**

Mailing Address

**7220 NATHAN LANE
MILTON FL 32570**

2. Principal Place of Business

710 Outer Drive

Suite, Apt. #, etc.

3. Mailing Address

710 Outer Drive

Suite, Apt. #, etc.

City & State

Milton, FL

City & State

Milton, FL

Zip

32570

Country

SANTA ROSA

Zip

32570

Country

SANTA ROSA

4. FEI Number

59-1319969

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CARVER, SIBYL M.
7220 NATHAN LANE
MILTON FL 32570**

7. Name and Address of New Registered Agent

Name

Stanley A. CARVER

Street Address (P.O. Box Number is Not Acceptable)

710 Outer Drive

City

Milton

FL

Zip Code

32570

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

4-19-04

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

**9. Election Campaign Financing
Trust Fund Contribution.**

☐

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

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME **CARVER, STANLEY A.**
STREET ADDRESS **710 OUTER DR.**
CITY-ST-ZIP **MILTON FL 32570**

TITLE ☐ Delete
NAME **VS**
NAME **CARVER, S. ELLEN**
STREET ADDRESS **4485 AMBERWOOD CIR**
CITY-ST-ZIP **MILTON FL 32571**

TITLE ☐ Delete
NAME **VS**
NAME **CARVER, SIBYL M**
STREET ADDRESS **7220 NATHAN LANE**
CITY-ST-ZIP **MILTON FL 32570**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME **VS**
NAME **Sibyl M. Carver**
STREET ADDRESS **105 Woodward Lane**
CITY-ST-ZIP **Milton, FL 32570**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Sibyl M. Carver / Sibyl M. CARVER

DATE

4-19-04

DAYTIME PHONE #

850.994.1400