


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 20, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # 504099**  
 1. Entity Name  
**CFC ENTERPRISES, INC.**



Principal Place of Business      Mailing Address  
 1325 N FEDERAL HIGHWAY      1325 N FEDERAL HIGHWAY  
 DELRAY BCH, FL 33483      DELRAY BCH, FL 33483

**DO NOT WRITE IN THIS SPACE**



01082004    No Chg-P    CR2E034 (10/03)

4. FEI Number <b>59-1674240</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**CARPENTER, CAROL F.**  
 1118 N.W. 5TH AVE.  
 DELRAY BEACH, FL

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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 and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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 NAME STREET ADDRESS CITY-ST-ZIP	V LINCOLN, LYNDA 3706 SHERWOOD BLVD DELRAY BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT CARPENTER, CAROL F 1118 NW 5TH AVE DELRAY BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CARPENTER, CAROL F. 1118 N.W. 5TH AVE. DELRAY BEACH, FL
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100000008740  
 01/20/04-80073-017 150.00

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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: *Carol Carpenter*      Date: *1/13/04*      Daytime Phone #: *561-272-5848*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR