


2004 FOR PROFIT CORPORATION ANNUAL REPORT

1052

DOCUMENT # 530938		
1. Entity Name CARSON SALES, INC.		
Principal Place of Business 412 E. MADISON STREET, SUITE 915 TAMPA, FL 33623 US	Mailing Address PO BOX 23402 TAMPA, FL 33623 US	

FILED
04 JUL 15 AM 7:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



07082004 No Chg-P CR2E034 (10/03) 04

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4. FEI Number 59-1738878	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 WILLIAM OLIVER 2606 MORRISON AVENUE SUITE 225 TAMPA, FL 33629	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004**

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	PCEO GILLHAM, MARK 1009 PIERCE DR BLDG 3 APT 205 CLEARWATER, FL 00000,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD OLIVER, WILLIAM 4508 AZEELE ST TAMPA, FL 00000,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CARSON, JAMES T CEO 4508 AZEELE ST TAMPA, FL 00000,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD CARSON, LORRAINE 4508 AZEE 1C ST. TAMPA, FL 33609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

900039532559
07/26/04--01063--004 **550.00

DO NOT WRITE 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: *J. J. Carson* JAMES T CARSON 813 229 6322
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



CARSON CORP.

2 of 2

FAX (813) 222-0989
(813) 229-6322
P.O. Box 23402
TAMPA, FL 33623

Carson Sales Corporation

412 E. Madison St. #915
Tampa, FL 33602

Dept. of State
Secretary of State
Division of Corporations
P.O. Box 6327
Tallahassee , FL 32399-140

Dear Sir.

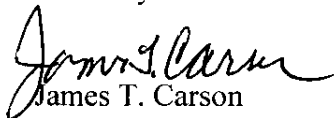
Upon learning that Carson Sales Corp. had not filed the corporate annual return for 2004, I called the corporate division and spoke with Marguarite. She suggested that we write a letter and enclose a check for \$150.00.

It has been our practice each year to file the return in January when we received the required form. We did not receive the form this year.

We appreciate your consideration in this matter, our registration number is 530938.

Thank you for your help

Sincerely



James T. Carson

FTC : AS

Enclosure

530938