

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 19, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90279 026 \*\*\*150.00

**DOCUMENT # G55522**

1. Entity Name  
CAROL LEWIS REALTY, INC.



Principal Place of Business  
P.O. BOX 3836  
VERO BEACH, FL 32964-3836

Mailing Address  
P.O. BOX 3836  
VERO BEACH, FL 32964-3836

94054525



**DO NOT WRITE IN THIS SPACE**

01072004 No Chg-P CR2E034 (10/03)

4. FEI Number  
59-2324593

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

BUFFUM, CAROL LEWIS  
1965 ANGLERS COVE  
VERO BEACH, FL 32963

**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	PST
NAME	BUFFUM, CAROL LEWIS
STREET ADDRESS	1965 ANGLERS COVE
CITY-ST-ZIP	VERO BCH, FL
TITLE	V
NAME	LEWIS, FREDERICK J
STREET ADDRESS	1965 ANGLERS COVE
CITY-ST-ZIP	VERO BCH, FL
TITLE	V
NAME	LEWIS-WOOD, BETSY
STREET ADDRESS	4105 HADDON DR
CITY-ST-ZIP	GREENSBORO, NC
TITLE	V
NAME	Lewis, David V.
STREET ADDRESS	1964 Fifth St. SE, Vero Beach, FL
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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/13/04 772-231  
0343