


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 12, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # H75220</b>		
1. Entity Name <b>CARRISON, INC.</b>		
Principal Place of Business <b>117 SO MANHATTAN AVE TAMPA, FL 33609-3863</b>	Mailing Address <b>117 SO MANHATTAN AVE TAMPA, FL 33609-3863</b>	



01062004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>59-2581389</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  <b>GONZALEZ, ROBERT M. 117 SO MANHATTAN AVE TAMPA, FL 33609-3863</b>
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**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when registering) 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 NAME STREET ADDRESS CITY-ST-ZIP	DP GONZALEZ, ROBERT 117 SO. MANHATTAN AVE TAMPA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV GONZALEZ, CRUZ M. 117 SO MANHATTAN AVE TAMPA, FL 336093863
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GONZALEZ, ROBERT M JR 115 SO MANHATTAN AVE TAMPA, FL 33609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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)(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: Robert M. Gonzalez **Robert M. Gonzalez** 1/8/04 813-286-2889  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #