2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # J13308

1. Entity Name
J.R. CARSON ENTERPRISES, INC.

Principal Place of Business	Mailing Address
% 1753 SPRING CREEK DRIVE SARASOTA, FL 34239	% 1753 SPRING CREEK DRIVE SARASOTA, FL 34239

04282004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2678351
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CARSON, LOIS MARIE
1753 SPRING CREEK DR
SARASOTA, FL 34239

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: Lois Marie Carson 4/29/04
Signature, type or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when changing) 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

U00000145906
05/03/04-80044-014 150.00

10. OFFICERS AND DIRECTORS

TITLE	V
NAME	CARSON, JEFFREY R
STREET ADDRESS	1753 SPRING CREEK DR
CITY-ST-ZIP	SARASOTA, FL 34239
TITLE	D
NAME	CARSON, LOIS M.
STREET ADDRESS	1753 SPRING CREEK DR
CITY-ST-ZIP	SARASOTA, FL
TITLE	P
NAME	CARSON, LOIS M.
STREET ADDRESS	1753 SPRING CREEK DR
CITY-ST-ZIP	SARASOTA, FL
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)(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: Lois Marie Carson 4/29/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #