

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Aug 02, 2004 8:00 am**  
**Secretary of State**

08-02-2004 90015 033 \*\*\*150.00

**DOCUMENT # K43835**

**1. Entity Name**

**CAR-RIFIC ENTERPRISES, INC.**



**Principal Place of Business**

1501 N NOVA RD  
HOLLY HILL FL 32117

**Mailing Address**

1501 N NOVA RD  
HOLLY HILL FL 32117

**2. Principal Place of Business**

1501 N. NOVA RD

Suite, Apt. #, etc.

**3. Mailing Address**

1501 N. NOVA RD

Suite, Apt. #, etc.



MOORE CR2E034 (4/04)

**City & State**

HOLLY HILL FL

Zip

32117

Country

FLORIDA

**City & State**

HOLLY HILL FL

Zip

32117

Country

FLORIDA

**4. FEI Number**

59-2914133

**Applied For**

Not Applicable

**5. Certificate of Status Desired**

☐ \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

MILLER, GARY L  
152 BOB WHITE CT  
DAYTONA BEACH FL 32119

**7. Name and Address of New Registered Agent**

Name GARY L MILLER

Street Address (P.O. Box Number is Not Acceptable)

1501 N. NOVA RD

City HOLLY HILL

FL

Zip Code

32117

**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**

7-26-04

**FILE NOW!!! FEE IS \$550.00**

**DUE BY September 8, 2004**

**Make Check Payable to Florida Department of State**

S 607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☒

**9. Election Campaign Financing** ☒ \$5.00 May Be Added to Fees  
Trust Fund Contribution. ☐

**10. OFFICERS AND DIRECTORS**

TITLE P ☐ Delete  
NAME MILLER, GARY L.  
STREET ADDRESS 1501 N NOVA RD  
CITY-ST-ZIP HOLLY HILL FL 32117

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**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 #

7-29-04 386-255-6301