2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # L28388

CARL CARRILLO, P.A.



FILED Apr 29, 2004 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

106 NW 2 AVE

GAINESVILLE, FL 32601

2821 NW 23RD TERR

GAINESVILLE, FL 32605 US



DO NO	TC	WR	ITE	IN	THIS	SPA	CE
-------	----	----	-----	----	------	-----	----

04282004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2973306

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6.	Name	and	Address	of	Current	Reg	istered	Agent

CARRILLO, CARL 2821 N.W. 23RD TERRACE GAINESVILLE, FL 32605

DO NOT WRITE IN THIS COACE

				114	IIII3 SFACE	
	named entity submits this statement for the pions of registered agent.	ourpose of changing its registered of	ice or r	egistered agent, or be	oth, in the State of Florida. I am familiar with, and accept	
SIGNATURE_	Signature, typed or printed name of registered agent and title	if applicable. (NOTE, Registered Agen	t signature	a required when reinstating)	DATE	
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	Election Campaign Financing Trust Fund Contribution.		\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	CTORS			A STATE OF THE PROPERTY OF THE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CARRILLO, CARL 2821 NW 23RD TERR GAINESVILLE, FL				#900 0 0140462 94/23/94-80163-008 1 50. 00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY^ST-ZIP				DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY+ST-ZIP			IN THIS SPACE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
12. I hereby	certify that the information supplied with this f	iling does not qualify for the exemption	on state	ed in Section 119,07(3	(i)(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