

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 14, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P0000023349**

1. Entity Name  
**CARBON ENTERPRISES, INC.**



Principal Place of Business  
**909 BIG TREE RD.  
 SOUTH DAYTONA, FL 32119**

Mailing Address  
**703 BIG TREE RD.  
 S. DAYTONA, FL 32119**

6. Name and Address of Current Registered Agent

**BARNARD, CAROL E  
 703 BIG TREE RD.  
 S. DAYTONA, FL 32119**

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 reinstating)

DATE \_\_\_\_\_

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	BARNARD, CAROL E
STREET ADDRESS	703 BIG TREE RD.
CITY - ST - ZIP	S. DAYTONA, FL 32119
TITLE	D
NAME	BARNARD, YVONNE L
STREET ADDRESS	703 BIG TREE RD
CITY - ST - ZIP	SOUTH DAYTONA, FL 32119
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
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)(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** *Carol E Barnard* **2/12/04** **386-761-3181**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



01302004 No Chg-P CR2E034 (10/03)

4. FEI Number **59-3635336** Applied For Not Applicable

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

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 02/16/04-80080-018 150.00