

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 30, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P00000036924**

1. Entity Name  
**CARBON FIBER WORKS, INC.**



Principal Place of Business

**620 N. THOMPSON ST.  
STARKE, FL 32091**

Mailing Address

**620 N. THOMPSON ST.  
STARKE, FL 32091**

**DO NOT WRITE IN THIS SPACE**



04262004 No Chg-P CR2E034 (10/03)

4. FEI Number  
**59-3642741**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

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

**CHRITTON, J. KIRBY  
1301 RIVERPLACE BLVD., STE. 1500  
JACKSONVILLE, FL 32207**

**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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

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	P
NAME	PRATHER, MICHAEL
STREET ADDRESS	RT.4, P.O BOX 1331
CITY- ST- ZIP	STARKE, FL 32091
TITLE	VP
NAME	ASAFF, BENJAMIN
STREET ADDRESS	P.O BOX 584
CITY- ST- ZIP	RINDGE, NH 03461
TITLE	TS
NAME	PRATHER, MICHAEL
STREET ADDRESS	RT.4, P.O BOX 1331
CITY- ST- ZIP	STARKE, FL 32091
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

04/30/04 08:00:57 000 150.00

**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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/28/04**

Date

**9049646276**

Daytime Phone #