

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 16, 2004 8:00 am**  
**Secretary of State**

04-16-2004 90097 008 \*\*\*150.00

<b>DOCUMENT # P00000054691</b> 1. Entity Name <b>KARA ADAM ENTERPRISES, INC.</b>					
Principal Place of Business <b>6570 LONGVIEW NAVARRE, FL 32566</b>			Mailing Address <b>6570 LONGVIEW NAVARRE, FL 32566</b>		
2. Principal Place of Business <i>6570 Longview</i>		3. Mailing Address <i>6570 Longview</i>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>NAVARRE, Florida</b>		City & State <b>NAVARRE, Florida</b>		4. FEI Number <b>NOT APPLICABLE</b>	
Zip <b>32566</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>FIELDSON, LENORA R 6570 LONGVIEW NAVARRE, FL 32566</b>		7. Name and Address of New Registered Agent Name <i>LENORA R. Fieldson</i> Street Address (P.O. Box Number is Not Acceptable) <i>6570 Longview</i> City <i>NAVARRE</i> <b>FL</b> Zip Code <i>32566</i>			
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 <i>Lenora R. Fieldson</i> <span style="float: right;">4-14-04</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>SASSON, JACK</b> <b>6570 LONGVIEW</b> <b>NAVARRE, FL 32566</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT</b> <b>LENORA R. Fieldson</b> <b>6570 Longview</b> <b>NAVARRE, FL. 32566</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD <b>FIELDSON, LENORA R</b> <b>6570 LONGVIEW</b> <b>NAVARRE, FL 32566</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SECRETARY</b> <b>THOMAS, M. Fieldson</b> <b>6570 Longview</b> <b>NAVARRE, FL. 32566</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TREASURER</b> <b>FRANK A. Fieldson</b> <b>6570 Longview</b> <b>NAVARRE, FL. 32566</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DIRECTOR</b> <b>JACK SASSON</b> <b>6570 Longview</b> <b>NAVARRE, FL. 32566</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>Lenora R. Fieldson</i> <b>LENORA R. FIELDSON</b>			4-14-04 <span style="float: right;">850 939-3521</span> <small>Date Daytime Phone #</small>		

850 324-5993