


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jul 08, 2004 8:00 am
Secretary of State

07-08-2004 90095 033 ***150.00

DOCUMENT # P01000026251 1. Entity Name C/A FORD ENTERPRISES, INC.					
Principal Place of Business 602 CLEAR LAKE AVE W PALM BEACH FL 33401			Mailing Address 602 CLEAR LAKE AVE W PALM BEACH FL 33401		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3722037 <div style="float: right; border: 1px solid black; padding: 2px;"> Applied For Not Applicable </div>	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent FORD LEE, MAUDE 602 CLEAR LAKE AVE W PALM BEACH FL 33401	
7. Name and Address of New Registered Agent Name (Same) Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code				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 _____					
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. <input checked="" type="checkbox"/>		
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			10. OFFICERS AND DIRECTORS		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FORD, MATHEW		NAME		
STREET ADDRESS	709 HUGHLETT AVE		STREET ADDRESS		
CITY-ST-ZIP	COCOA FL 32922		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	POITIER, WOODROW		NAME		
STREET ADDRESS	901 NW 4 AVE		STREET ADDRESS		
CITY-ST-ZIP	POMPANO BEACH FL 33060		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HANKERSON, ADRON F		NAME		
STREET ADDRESS	413 GAITHER DR		STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL 32310		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MURRAY, OLIVIA		NAME		
STREET ADDRESS	907 DELEON AVE		STREET ADDRESS		
CITY-ST-ZIP	TITUSVILLE FL 32780		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: <i>Maude Ford Lee</i>			6-30-04 (561)655-9798		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

54060418



MOORE CR2E034 (4/04)

Attachment

54060418

#P01000026051
C/A Ford Enterprises, Inc.
602 Clear Lake Avenue
West Palm Beach, FL 33401

7-04-04

Dear Sir:

Thank you for responding to our request
about the 2004 Annual Report. Please
be advised that we did not receive
this report prior to this date.

Sincerely,

Mande Ford Lee
Registered Agent

P.S. Our check for \$150.00 is attached!