

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P01000044730

1. Entity Name

J. F. CARSON ENTERPRISES, INC.



Principal Place of Business

1033 PEARL TREE RD
DELTONA, FL 32725

Mailing Address

1033 PEARL TREE RD
DELTONA, FL 32725

DO NOT WRITE IN THIS SPACE

FILED
Apr 06, 2005 08:00 AM
Secretary of State



01182005 No Chg-P CR2E034 (10/03)

4. FEI Number

59-3715885

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CARSON, JACK F
1033 PEARL TREE RD
DELTONA, FL 32725

**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, 2005 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 CARSON, JACK F
STREET ADDRESS 1033 PEARL TERR RD.
CITY-ST-ZIP DELTONA, FL 32725

TITLE VTS
NAME CARSON, JUDITH
STREET ADDRESS 1033 PEARL TREE DR.
CITY-ST-ZIP DELTONA, FL 32725

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

U00000289523
04/06/05-80031-001 150.00

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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:

Judith A. Carson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-01-05

Date

Daytime Phone #