2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000044730

- 1. Entity Name
- J. F. CARSON ENTERPRISES, INC.



FILED Apr 23, 2007 08:00 AM Secretary of State

Principal Place of Business

1033 PEARL TREE RD DELTONA, FL 32725

Mailing Address

1033 PEARL TREE RD DELTONA, FL 32725



04162007

No Chg-P

CR2E034 (11/05)

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

DO NOT WRITE IN THIS SPACE

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



DO NOT WRITE

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, 2007 Fee will be \$550.00 Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

OFFICERS AND DIRECTORS 10. TITL F NAME CARSON, JACK F STREET ADDRESS 1033 PEARL TERR RD. C!TY-ST-ZIP DELTONA, FL 32725 TITLE NAME CARSON, JUDITH STREET ADDRESS 1033 PEARL TREE DR. CITY-ST-ZIP DELTONA, FL 32725 TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE



12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. 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 cath, 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:

NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

IIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-17-07

386-53*2-5*937