


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2004 8:00 am
Secretary of State

02-12-2004 90016 019 ***150.00

DOCUMENT # P02000116281	
1. Entity Name TAMARA LYN CAREY, INC.	

Principal Place of Business 9912 DISCOVERY TERRACE BRADENTON, FL 34212	Mailing Address 9912 DISCOVERY TERRACE BRADENTON, FL 34212
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2. Principal Place of Business 9911 Portside Terr.	3. Mailing Address 9911 Portside Terr.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Bradenton, FL	City & State Bradenton, FL
Zip 34212	Zip 34212
Country USA	Country USA

01062004 Chg-P CR2E034 (10/03)

4. FEI Number 90-0054387	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CAREY, TAMARA LYN 9912 DISCOVERY TERRACE BRADENTON, FL 34212
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7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
9911 Portside Terr
City Bradenton FL Zip Code 34212

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 \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
D CAREY, TAMARA LYN 9912 DISCOVERY TERRACE BRADENTON, FL 34212	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
9911 Portside Terr. Bradenton, FL 34212	
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"/> Change <input type="checkbox"/> Addition
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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: Tamara Lyn Carey, TAMARA LYN Carey	Date 9-41-748-4991
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	