# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

5/3/

**FILED**
**Jun 21, 2004 8:00 am**
**Secretary of State**
05-03-2004 90668 038 ***150.00

66428676

MOORE CR2E034 (11/03)

DOCUMENT # P02000119803

1. Entity Name

CAROUSEL RESORT MOTEL ENTERPRISES, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 5100 NORTH OCEAN BLVD., APT. 205<br>FORT LAUDERDALE FL 33308 | 5100 NORTH OCEAN BLVD., APT. 205<br>FORT LAUDERDALE FL 33308 |

| 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 41-2067002 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| HUGHES, M. DANIEL<br>3000 NORTH FEDERAL HIGHWAY<br>BUILDING TWO SOUTH, SUITE 200<br>FORT LAUDERDALE FL 33306 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS $150.00**
**After May 1, 2004 Fee will be $550.00**
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>ARKER, MICHAEL IRA<br>5100 NORTH OCEAN BLVD., APT. 205<br>FORT LAUDERDALE FL 33308 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VD<br>MATTISON, TAMARA G<br>12240 PECAN FOREST DRIVE<br>DALLAS TX 75230 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SD<br>HAMILTON, JAMES<br>800 CARRINGS CT.<br>VIOLET LA 70092 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SP<br>Hamilton, James<br>800 Carriage Ct.<br>South Lake TX 76092 | ☑ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TD<br>LAMOTHE, BILL<br>5100 NORTH OCEAN BLVD., #205<br>FORT LAUDERDALE FL 33308 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TD<br>Dillon Partnership LLC<br>509 Bryon Court<br>Irving TX 75038 | ☑ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ 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:** Michael Arker 4/29/2004 954-816-1213
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #