


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90099 040 ***150.00

DOCUMENT # P03000049740

1. Entity Name
CARLISLE CONTRACTING, INC.



Principal Place of Business Mailing Address

15900 SHARK RD W 15900 SHARK RD W
 JACKSONVILLE, FL 32226 JACKSONVILLE, FL 32226



2. Principal Place of Business 3. Mailing Address

31010 PARADISE COMMONS **31010 PARADISE COMMONS**

Suite, Apt. #, etc. Suite, Apt. #, etc.

APT. 427 **APT. 427**

04122004 Chg-P CR2E034 (10/03)

City & State City & State

FERNANDINA BEACH, FL **FERNANDINA BEACH, FL**

Zip Country Zip Country

32034 **NASSAU** **32034** **NASSAU**

4. FEI Number Applied For

20-0028163 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CARLISLE, JOHN C
15900 SHARK RD W
JACKSONVILLE, FL 32226

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

31010 PARADISE COMMONS

APT. 427

City State Zip Code

FERNANDINA BEACH **FL** **32034**

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 re-registering) _____ DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PSTD	<input type="checkbox"/> Delete
NAME	CARLISLE, JOHN C	
STREET ADDRESS	15900 SHARK RD W	
CITY-STATE-ZIP	JACKSONVILLE, FL 32226	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	31010 PARADISE COMMONS, APT. 427	
CITY-STATE-ZIP	FERNANDINA BEACH, FL 32034	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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: 

4-12-04 - (904) 277-2976