


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 06, 2004 8:00 am**  
**Secretary of State**

08-06-2004 90003 003 \*\*\*150.00

<b>DOCUMENT # P03000077140</b> 1. Entity Name <b>CARLEW FARMS INC.</b>			
Principal Place of Business <b>4106 S. EDWARDS ROAD</b> <b>PLANT CITY, FL 33567</b>		Mailing Address <b>4106 S. EDWARDS ROAD</b> <b>PLANT CITY, FL 33567</b>	
2. Principal Place of Business <b>5613 W.O. Griffin Rd</b> Suite, Apt. #, etc.		3. Mailing Address <b>5613 W.O. Griffin Rd</b> Suite, Apt. #, etc.	
City & State <b>Plant City, FL</b> Zip <b>33567</b>		City & State <b>Plant City, FL</b> Zip <b>33567</b>	
Country <b>USA</b>		Country <b>USA</b>	
4. FEI Number <b>20-011465</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>LEWIS, SANDRA</b> <b>5613 W. O GRIFFIN ROAD</b> <b>PLANT CITY, FL 33567</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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	D <b>CARTER, ROBERT</b> <b>4106 S. EDWARDS ROAD</b> <b>PLANT CITY, FL 33567</b>	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>CARTER, BARBARA</b> <b>4106 S. EDWARDS ROAD</b> <b>PLANT CITY, FL 33567</b>	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>LEWIS, DONNIE</b> <b>5613 W. O. GRIFFIN ROAD</b> <b>PLANT CITY, FL 33567</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>LEWIS, SANDRA</b> <b>5613 W. O. GRIFFIN ROAD</b> <b>PLANT CITY, FL 33567</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**54067248**



07022004 Chg-P CR2E034 (10/03)

**SIGNATURE:**

*Sandra Lewis*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**8-4-2004**

Date

**813 622-1050**

Daytime Phone #

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.

Attachment  
Doc. # P03000077,40  
524067248

August 4, 2004

Carlew Farms Inc.  
Sandra Lewis  
5613 W. O. Griffin Road  
Plant City, FL 33567

Florida Department of State

To Whom It May Concern:

Notification of our 2004 For Profit Corporation Annual Report fee was sent to the wrong address. I received this notification the end of July. Please make the necessary corrections to our address. Correct address has been entered on the form.

Please delete Robert and Barbara Carter as officers of the corporation. They are no longer with the company due to health reasons.

I am enclosing the \$150.00 fee for Carlew Farms Inc. profit annual report 2004.

Thank you,

*Sandra Lewis*

Sandra Lewis  
Director