

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 14, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P03000140836

1. Entity Name  
JOHN CAREW ENTERPRISES, INC. INC.



Principal Place of Business      Mailing Address  
6170 CAREW PLACE      6170 CAREW PLACE  
MERRITT ISLAND, FL 32953      MERRITT ISLAND, FL 32953

**DO NOT WRITE IN THIS SPACE**



02072005      No Chg-P      CR2E034 (10/03)

4. FEI Number      Applied For  
56-2413774      Not Applicable

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

**6. Name and Address of Current Registered Agent**

CAREW, JOHN  
6170 CAREW PLACE  
MERRITT ISLAND, FL 32953

**DO NOT WRITE  
IN THIS SPACE**

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, 2005 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE      D  
NAME      CAREW, JOHN  
STREET ADDRESS      6170 CAREW PLACE  
CITY-ST-ZIP      MERRITT ISLAND, FL 32953

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IN THIS SPACE**

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02/14/05-80056-014 150.00

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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day/Time Phone #

2/11/05