


2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

02-12-2004 90017 041 ***150.00

DOCUMENT # P93000007721 1. Entity Name CAREY SINGER, INC.			
Principal Place of Business 2201 GROUPE DRIVE MARATHON SHORES, FL 33050 US		Mailing Address 2201 GROUPE DRIVE MARATHON SHORES, FL 33050 US	
2. Principal Place of Business 127 Via Santa Cruz Suite, Apt. #, etc.		3. Mailing Address P.O. Box 2409 Suite, Apt. #, etc.	
City & State Jupiter, FL		City & State Jupiter, FL	
Zip 33458		Zip 33468-2409	
Country USA		Country USA	
4. FEI Number 65-0392047		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BISHOP, DENNIS 8085 OVERSEAS HWY MARATHON, FL 33050		7. Name and Address of New Registered Agent Name Raynor Law Firm, P.A. Street Address (P.O. Box Number is Not Acceptable) 14241 U.S. Highway One City Juno Beach FL Zip Code 33408-1405	
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 _____		Jeffrey S. Raynor, President 2-604 <small>(NOTE: Registered Agent signature required when reinstating)</small>	
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	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D SINGER, CAREY 2201 GROUPE DRIVE MARATHON SHORES, FL	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D MURRAY, CAREY 127 Via Santa Cruz Jupiter, FL 33458
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-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: <u>Carey Murray</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Carey Murray, President <u>561-628-1108</u> <small>Date Daytime Phone #</small>	

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