

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 Mailing Address
2201 GROUPE DRIVE **2201 GROUPE DRIVE**
MARATHON SHORES, FL 33050 **MARATHON SHORES, FL 33050** **US** **US**

44011160

2. Principal Place of Business 3. Mailing Address
127 Via Santa Cruz **P.O. Box 2409**
 Suite, Apt. #, etc. Suite, Apt. #, etc.



02052004 Chg-P CR2E034 (10/03)

City & State City & State
Jupiter, FL **Jupiter, FL**

4. FEI Number Applied For
65-0392047 Not Applicable

Zip Country Zip Country
33458 **USA** **33468-2409** **USA**

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	
BISHOP, DENNIS 8085 OVERSEAS HWY MARATHON, FL 33050		Name Raynor Law Firm, P.A.	
		Street Address (P.O. Box Number is Not Acceptable) 14241 U.S. Highway One	
		City State Zip Code Juno Beach FL 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
Signature, typed or printed name of registered agent and this if applicable. (NOTE: Registered Agent signature required when reinstating) 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SINGER, CAREY 2201 GROUPE DRIVE MARATHON SHORES, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MURRAY, CAREY 127 Via Santa Cruz Jupiter, FL 33458 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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: Carey Murray **Carey Murray, President** 561-628-1108
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #