


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**


**FILED**  
**Mar 05, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P93000062992**  
 1. Entity Name  
**JULIAN GLOBAL ENTERPRISES, INC.**



Principal Place of Business <b>440 PELICAN BAY DRIVE DAYTONA BEACH, FL 32119</b>	Mailing Address <b>440 PELICAN BAY DRIVE DAYTONA BEACH, FL 32119</b>
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**DO NOT WRITE IN THIS SPACE**



03032004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>58-3202532</b>	Applied For 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

**JULIAN, CARL E  
440 PELICAN BAY DRIVE  
DAYTONA BEACH, FL 32119**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reconstituting)  
 \_\_\_\_\_ 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

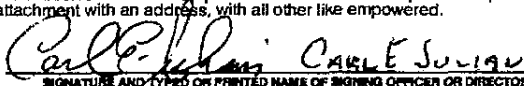
U00000077898  
 03/08/04-80006-005 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST JULIAN, CARL E 440 PELICAN BAY DRIVE DAYTONA BEACH, FL 32119
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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)(f), 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:**  **CARLE JULIAN**  
 \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **3-3-04** Daytime Phone # **386-767-1745**