

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 21, 2004 8:00 am
Secretary of State

04-21-2004 90080 002 ***150.00

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1. Entity Name

EARLE ENTERPRISES OF SOUTH CAROLINA, INC.



Principal Place of Business

712 LITCHFIELD LANE
DUNEDIN FL 34698

Mailing Address

P.O. BOX 7967
CLEARWATER FL 34618

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

33758

Country

4. FEI Number

59-3277161

Applied For

Not Applicable

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

STANSELL, MAXIE F
712 LITCHFIELD LANE
DUNEDIN FL 34698

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME STANSELL, MAXIE F
STREET ADDRESS P.O. BOX 7967 N/A
CITY-ST-ZIP CLEARWATER FL 33758

TITLE D ☐ Delete
NAME STANSELL, JAMES C
STREET ADDRESS P.O. BOX 7967 N/A
CITY-ST-ZIP CLEARWATER FL 33758

TITLE V ☐ Delete
NAME STANSELL, JAMIE
STREET ADDRESS 54398 AMBER DRIVE
CITY-ST-ZIP MACOMB MI 48042

TITLE V ☐ Delete
NAME BELL, ROBIN S
STREET ADDRESS 1357 WOODCREST AVENUE
CITY-ST-ZIP CLEARWATER FL 33756

TITLE V ☐ Delete
NAME PARKER, TAMMY S
STREET ADDRESS 652 DEXTER DRIVE
CITY-ST-ZIP DUNEDIN FL 34698

TITLE V ☐ Delete
NAME STANSELL, PETER M
STREET ADDRESS 542 1/2 LEXINGTON STREET
CITY-ST-ZIP DUNEDIN FL 34698

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Maxie F. Stansell, President

4-18-04

(727) 734-3044

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #