2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P95000002438

1. Entity Name
ROBERT CARRIER, P.A.

Principal Place of Business	Mailing Address
831 NORTHEAST 47TH COURT FORT LAUDERDALE, FL 33334 US	C/O MARK INGLES CPA 3071 NORTHWEST 107TH AVENUE POMPANO BEACH, FL 33065-3626 US

2. Principal Place of Business	3. Mailing Address
	c/o Mark I. Ingles, C.P.A., P.A.
Suite, Apt. #, etc.	Suite, Apt. #, etc. 3071 Northwest 107th Avenue
City & State	City & State Coral Springs, FL
Zip	Country	Zip 33065-3626	Country US

04192004   Chg-P   CR2E034 (10/03)

4. FEI Number
65-0555842

☐ 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
CARRIER, ROBERT 831 NORTHEAST 47TH COURT FORT LAUDERDALE, FL 33334	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

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	PSTD	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	CARRIER, ROBERT		NAME		
STREET ADDRESS	831 NORTHEAST 47TH COURT		STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE, FL 33334		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
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TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
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STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: Robert Carrier   4/20/04   954-332-5454

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #