


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

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

**DOCUMENT # P96000032959**

1. Entity Name  
**DAVID CARSON, INC.**



Principal Place of Business  
**7977 SW JACK JAMES DR  
 STUART, FL 34997**

Mailing Address  
**7977 SW JACK JAMES DR  
 STUART, FL 34997**

**DO NOT WRITE IN THIS SPACE**



01222004 No Chg-P CR2E034 (10/03)

4. FEI Number  
**65-0654892**

Applied For  
 Not Applicable

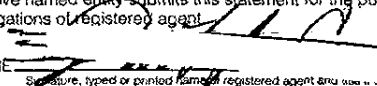
5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**CARSON, DAVID  
 678 SE ASHLEY OAKS WAY  
 STUART, FL 34997**

**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 translating) 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

TITLE	P
NAME	DAVID CARSON
STREET ADDRESS	678 SE ASHLEY OAKS WAY
CITY- ST- ZIP	STUART, FL
TITLE	VP
NAME	TONI CARSON
STREET ADDRESS	678 ASHLEY OAKS WAY
CITY- ST- ZIP	STUART, FL
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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 04/05/04-20028-006 150.00

**DO NOT WRITE IN THIS SPACE**

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:  **DAVID CARSON, Pres.** 4-2-04

Signature and typed or printed name of signing officer or director Date Day: Month: Year

772-963-8050