



# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 07, 2004 8:00 am**  
**Secretary of State**

05-07-2004 90119 046 \*\*\*150.00

|   |  |  |   |  |  |
|---|--|--|---|--|--|
| <b>DOCUMENT # P97000101727</b><br>1. Entry Name<br><b>C.R. EARLES ENTERPRISES INC.</b>  |  |  |   |   |  |
| Principal Place of Business<br>17221 SAN CARLOS BLVD.<br>FORT MYERS, FL 33931   |  |  | Mailing Address<br><del>13391 GATEWAY DR.</del><br><del>C/O SZYMANSKI #117</del><br><del>FORT MYERS, FL 33919</del> |  |  |
| 2. Principal Place of Business<br><br>Suite, Apt. #, etc.   |  | 3. Mailing Address<br><br>Suite, Apt. #, etc.          |   | <br><br>04102004    Chg-P    CR2E034 (10/03)                     |  |
| City & State  |  | City & State   |   |  |  |
| Zip                      Country  |  | Zip                      Country                       |   |  |  |
| 4. FEI Number<br><b>65-0803659</b>  |  | Applied For<br><input type="checkbox"/> Not Applicable |   |  |  |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>   |  |  |   | 6. Name and Address of Current Registered Agent<br><br><b>SZYMANSKI, FRANCES K</b><br><b>13391 GATEWAY DR. #117</b><br><b>FORT MYERS, FL 33919</b> |  |
| 7. Name and Address of New Registered Agent<br>Name <b>Patricia Hunter Earles</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>3603 Knollwood Rd</b><br>City <b>FT Myers</b> <b>FL</b> Zip Code <b>33919</b>   |  |  |   |  |  |
| 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.<br>SIGNATURE: <i>Patricia Hunter Earles</i> DATE: <b>4/27/04.</b><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>  |  |  |   |  |  |
| 9. Election Campaign Financing <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b><br>Trust Fund Contribution.  |  |  |   |  |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2004 Fee will be \$550.00</b>   |  |  |   |  |  |
| <b>10. OFFICERS AND DIRECTORS</b>   |  |  | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D<br>EARLES, CHARLES R<br>3603 KNOLLWOOD RD.<br>FORT MYERS, FL 33919       | <input type="checkbox"/> Delete                        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D<br>HUNTER EARLES, PATRICIA<br>3603 KNOLLWOOD RD.<br>FORT MYERS, FL 33919 | <input type="checkbox"/> Delete                        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <br><br><br>   | <input type="checkbox"/> Delete                        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <br><br><br>   | <input type="checkbox"/> Delete                        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <br><br><br>   | <input type="checkbox"/> Delete                        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <br><br><br>   | <input type="checkbox"/> Delete                        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| 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: <i>Patricia Hunter Earles</i> DATE: <b>4/27/04.</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>   |  |  |   |  |  |