

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P97000101727

1. Entity Name  
C.R. EARLES ENTERPRISES INC.



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

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

Principal Place of Business  
17221 SAN CARLOS BLVD.  
FORT MYERS, FL 33931

Mailing Address  
13391 GATEWAY DR.  
C/O SZYMANSKI #117  
FORT MYERS, FL 33919

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip  
Country  
6. Name and Address of Current Registered Agent  
  
SZYMANSKI, FRANCES K  
13391 GATEWAY DR. #117  
FORT MYERS, FL 33919

Zip  
Country

04102004 Chg-P CR2E034 (10/03)

4. FEI Number  
65-0803659  
Applied For  
Not Applicable

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

7. Name and Address of New Registered Agent

Name  
Patricia Hunter Earles

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

3603 Knollwood Rd

City  
Ft Myers  
FL  
Zip Code  
33919

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 rehydrating)

DATE

4/27/04.

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$350.00**

9. Election Campaign Financing  
Trust Fund Contribution.  \$5.00 May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
EARLES, CHARLES R  
3603 KNOLLWOOD RD.  
FORT MYERS, FL 33919

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
HUNTER EARLES, PATRICIA  
3603 KNOLLWOOD RD.  
FORT MYERS, FL 33919

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/27/04.