

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 12, 2004 8:00 am**  
**Secretary of State**

04-12-2004 90680 018 \*\*\*150.00

**DOCUMENT # P97000105168**

1. Entity Name

CARROLL ENTERPRISES OF S.W. FL. INC.



Principal Place of Business

1618 RINGLING BLVD.  
SARASOTA FL 34236  
US

Mailing Address

1618 RINGLING BLVD.  
SARASOTA FL 34236  
US

2. Principal Place of Business

7441 N. TAMiami TR

3. Mailing Address

7441 N TAMiami TR

Suite, Apt. #, etc.

SARASOTA FL

Suite, Apt. #, etc.

SARASOTA FL

City & State

SARASOTA FL

City & State

SARASOTA FL

Zip

34243

Country

US

Zip

34243

Country

US

6. Name and Address of Current Registered Agent

IZZO, JOHN P  
180 NO. INDIANA AVE.  
SUITE #5  
ENGLEWOOD FL 34223-2959

7. Name and Address of New Registered Agent

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 PS ☐ Delete  
NAME CARROLL, JOHN E JR.  
STREET ADDRESS 5818 CARRIAGE DRIVE  
CITY-ST-ZIP SARASOTA FL 34243

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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

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

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

TITLE ☐ Change ☐ Addition  
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:

*John E Carroll Jr*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
PRES 4-8-04

Date

Daytime Phone #

94050933



MOORE

CR2E034 (11/03)

4. FEI Number 65-0799295

Applied For  
Not Applicable

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