

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000007731

1. Entity Name
JIM CARR PASTURE, INC.



FILED
Feb 03, 2004 08:00 AM
Secretary of State

Principal Place of Business
229 YACHT CLUB DR
FORT WALTON BEACH, FL 32548

Mailing Address
229 YACHT CLUB DR
FORT WALTON BEACH, FL 32548



02032004 No Chg-F 072E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3500128

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CARR, EARL B
229 YACHT CLUB
09, FL 32548

**DO NOT WRITE
IN THIS SPACE**

7. 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 date of signature

(NOTE: Registered Agent signature required when removing)

DATE

FILE NOW!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

8. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

U00000033036
02/05/04-80025-025 150.00

10. OFFICERS AND DIRECTORS

TITLE	ID
NAME	CARR, EARL B
STREET ADDRESS	229 YACHT CLUB DR
CITY-STATE-ZIP	FT WALTON BEACH, FL 32548
TITLE	ID
NAME	CARR, STEPHEN E
STREET ADDRESS	133 2ND ST
CITY-STATE-ZIP	NICEVILLE, FL 32578
TITLE	ID
NAME	CARR, JAMES H
STREET ADDRESS	108 DREW CT
CITY-STATE-ZIP	NICEVILLE, FL 32578
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

**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 118.07(3)(g), 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 the empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

2/3/04

850-243-8508

Date

Service Phone

EARL B. CARR