

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 08, 2004 8:00 am**  
**Secretary of State**

04-08-2004 90006 026 \*\*\*150.00

**DOCUMENT # P98000008352**

1. Entity Name

CAROL BEE ENTERPRISES, INC.



Principal Place of Business

8051 DEER LAKES E.  
TALLAHASSEE FL 32312

Mailing Address

8051 DEER LAKES E.  
TALLAHASSEE FL 32312

2. Principal Place of Business

205 Signal Tree Rd.

Suite, Apt. #, etc.

3. Mailing Address

205 Signal Tree Rd.

Suite, Apt. #, etc.

City & State

Deep Gap, NC

Zip

28618

Country

USA

City & State

Deep Gap NC

Zip

28618

Country

USA

4. FEI Number

59-3487677

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DOBBINS, DANIEL W  
1330 THOMASVILLE ROAD  
TALLAHASSEE FL 32303

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 D  
NAME SCHLIEDER, DEBORAH S  
STREET ADDRESS 8051 DEERLAKE EAST  
CITY-ST-ZIP TALLAHASSEE FL 32303 ☐ Delete

TITLE V  
NAME SCHLIEDER, RODRIC A  
STREET ADDRESS 8051 DEERLAKE EAST  
CITY-ST-ZIP TALLAHASSEE FL 32312 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS → 205 Signal Tree Rd.  
CITY-ST-ZIP Deep Gap, NC 28618 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS → 205 Signal Tree Rd.  
CITY-ST-ZIP Deep Gap, NC 28618 ☒ Change ☐ Addition

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

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

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

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

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: *Deborah S. Schlieder* Deborah S. Schlieder 3/15/04 828-268-9594  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR