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Secretary of State
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2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000057321

1. Entity Name
JUDE CAROLE ENTERPRISES, INC.

Principal Place of Business	Mailing Address
9928 RIVERVIEW DR MICCO, FL 32976	P.O BOX 643234 VERO BEACH, FL 32964

DO NOT WRITE IN THIS SPACE

01182005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3524060
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CAROLE, JUDE
9928 RIVER VIEW DR
MICCO, FL 32976

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	DPST
NAME	CAROLE, JUDE
STREET ADDRESS	P.O BOX 64-3234
CITY-ST-ZIP	VERO BEACH, FL 32964
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Jude Carole 1/30/05 7786644907
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #