

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 28, 2004 08:00 AM
Secretary of State

1. Entity Name CAREFREE TIMES, INC.	P98000101447
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Principal Place of Business 16031 WHITTEN DR. E. LOXAHATCHEE, FL 33470	Mailing Address 16031 WHITTEN DR. E. LOXAHATCHEE, FL 33470
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01182004

4. FEI Number 65-0885084	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent ROY, MARLEEN 16031 WHITTEN DR. E. LOXAHATCHEE, FL 33470
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**DO NOT WRITE
IN THIS SPACE**

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

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROY, DONAT 16031 WHITTEN DR. E. LOXAHATCHEE, FL 33470
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**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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Donat B. Roy DONAT B. ROY

1/19/04 561-793-3259