2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P98000101447

1. Entity Name
CAREFREE TIMES, INC.

Principal Place of Business	Mailing Address
16031 WHITTEN DR. E. LOXAHATCHEE, FL 33470	16031 WHITTEN DR. E. LOXAHATCHEE, FL 33470

DO NOT WRITE IN THIS SPACE

01052005   No Chg-P   CR2E034 (10/03)

4. FEI Number 65-0885084	Applied For
	Not Applicable

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

6. Name and Address of Current Registered Agent

ROY, MARLEEN
16031 WHITTEN DR. E.
LOXAHATCHEE, FL 33470

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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
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, 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	PD
NAME	ROY, DONAT
STREET ADDRESS	16031 WHITTEN DR. E.
CITY-ST-ZIP	LOXAHATCHEE, FL 33470

U00000271235
03/21/05-80039-013 150.00

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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: _Donat B Roy_   3/20/05   561-793-3259
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #