

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

DOCUMENT # V23503

1. Entity Name
FRIENDS OF CARLOTA, INC.



Principal Place of Business
1904 EAST BUSCH BLVD.
TAMPA, FL

Mailing Address
1904 EAST BUSCH BLVD.
TAMPA, FL

DO NOT WRITE IN THIS SPACE



01062004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0324235

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SPRAGUE, PATRICK F.
1904 EAST BUSCH BLVD.
TAMPA, FL

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 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 JESKE, PAUL T.
STREET ADDRESS 8617 BONNIE COVE LANE
CITY- ST- ZIP ODESSA, FL 33556

TITLE D
NAME JESKE, CHARLOTTE
STREET ADDRESS 8617 BONNIE COVE LANE
CITY- ST- ZIP ODESSA, FL 33556

TITLE STD
NAME SPRAGUE, PATRICK F.
STREET ADDRESS 13920 SHADY SHORES DRIVE
CITY- ST- ZIP TAMPA, FL

TITLE D
NAME SPRAGUE, TROY
STREET ADDRESS 13920 SHADY SHORES DRIVE
CITY- ST- ZIP TAMPA, FL

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

000000000274
01/08/04-20003-004 150.00

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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: Patrick F. Sprague Patrick F. Sprague Sec 1/6/04 813-932-4725
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #