FILED
May 10, 2004 8:00 am
Secretary of State
05-10-2004 90459 033 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 511423

1. Entity Name
CARSON MILLS, INC.

24073794

Principal Place of Business	Mailing Address
1925 N.E. 45TH STREET P.O. BOX 39327 FT. LAUDERDALE, FL 33339-7327	1925 N.E. 45TH STREET P.O. BOX 39327 FT. LAUDERDALE, FL 33339-7327

04272004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
618 1/2 W New York Avenue	618 1/2 W New York Avenue
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Deland, FL	City & State: Deland, FL
Zip: 32720 Country: USA	Zip: 32720 Country: USA

4. FEI Number: 59-1689230 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

LINDELL, MICHAEL
6467 BAY CLUB DRIVE # 4
FT LAUDERDALE, FL 33308

7. Name and Address of New Registered Agent

Name: Carol Overman
Street Address (P.O. Box Number is Not Acceptable): 404 Ridgeway Blvd
City: Deland FL Zip Code: 32724

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: Carol Overman CAROL OVERMAN, President
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** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V KAUFMANN,NANCY 1318 TALL OAKS LANE WHEATON, IL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVP LINDELL, MICHAEL 6764 BAY CLUB DR FT LAUDERDALE, FL 33308	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVP Carol Overman 404 Ridgeway Blvd Deland FL 32724	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	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: Carol Overman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #