

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 12, 2007 8:00 am**  
**Secretary of State**

04-12-2007 90047 004 \*\*\*150.00

**DOCUMENT # P00000033007**

1. Entity Name  
**CAROLINA, INC.**



Principal Place of Business  
**P.O. BOX 915051  
LONGWOOD, FL 32791**

Mailing Address  
**P.O. BOX 915051  
LONGWOOD, FL 32791**

40058713



04042007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3640842**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**KEIDAISH, JR., PHILIP F  
505 WEKIVA SPRINGS ROAD, SUITE 800  
LONGWOOD, FL 32779**

*Tim Murray  
620 Crown Oak Center Dr, Suite 104  
Longwood, FL 32750*

**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

*Tim Murray*  
Signature, typed or printed name of registered agent and title if applicable

*Tim Murray*

(NOTE: Registered Agent signature required when restate)

*4/4/07*  
DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**D  
MURRAY, TIM  
620 CROWN OAK CENTER DR SUITE 104  
LONGWOOD, FL 32750**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**D  
MURRAY, KATIE  
620 CROWN OAK CENTER DR SUITE 104  
LONGWOOD, FL 32750**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:**

*Tim Murray Pres*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Tim Murray*  
Date

*4/4/07*  
Daytime Phone #