2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000039444

1. Entity Name
CARR CAPITAL MANAGEMENT, INC.



Principal Place of Business

Mailing Address

6630 34TH AVENUE NORTH ST PETERSBURG, FL 33710 6630 34TH AVENUE NORTH ST PETERSBURG, FL 33710

FILED Apr 19, 2004 08:00 AM --Secretary of State



DO NOT WRITE IN THIS SPACE

01302004 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For S9-3712735 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CARR, TERRY R 6630 34TH AVENUE NORTH ST PETERSBURG, FL 33710

SIGNATURE:

DO NOT WRITE IN THIS SPACE

 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	it 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 \$5.00 May Be Trust Fund Contribution. Added to Fees		\$5.00 May Be Added to Fees	
16.	OFFICERS AND DIREC	CTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CARR, TERRY R 6630 34TH AVENUE NORTH ST PETERSBURG, FL 33710	:			U00000120954 04/20/04-80030-014 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZEP	DVST CARR, PAULETTE D 6630 34TH AVENUE NORTH ST PETERSBURG, FL 33710				1.17 EGY 31 GOCIOU (317 1.30 1.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
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.					

A PRINTED NAME OF SIGNING OFFICER OR DIRECTOR