

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 06, 2008 08:00 AM
Secretary of State

DOCUMENT # P06000078754 1. Entity Name CARBUCKS INTERNET MANAGEMENT SERVICES, INC.	
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Principal Place of Business 2702 WEST AZEELE STREET TAMPA, FL 33609	Mailing Address 2702 WEST AZEELE STREET TAMPA, FL 33609
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DO NOT WRITE IN THIS SPACE



01092008 No Chg-P CR2E034 (11/05)

4. FEI Number 06-1788515	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

FRIEDMAN, REID
2702 W AZEELE ST
TAMPA, FL 33609

**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 _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HEITLINGER, PHILIP 2702 WEST AZEELE STREET TAMPA, FL 33609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD FRIEDMAN, SCOTT 2702 WEST AZEELE STREET TAMPA, FL 33609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD FRIEDMAN, REID 2702 WEST AZEELE STREET TAMPA, FL 33609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TALIAFERRO, EDMUND P 2702 WEST AZEELE STREET TAMPA, FL 33609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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02/15/08-80039-004 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the 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:  **REID FRIEDMAN** **1-23-08** **813 875-5594**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #