

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S17239

FILED  
Feb 18, 2010  
Secretary of State

**Entity Name:** CARROLL AND COMPANY, CPAS, PA

**Current Principal Place of Business:**

2640-A MITCHAM DR.  
TALLAHASSEE, FL 32308 US

**New Principal Place of Business:**

**Current Mailing Address:**

2640-A MITCHAM DR.  
TALLAHASSEE, FL 32308 US

**New Mailing Address:**

**FEI Number:** 59-3038528      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CARROLL, FREDERICK III  
2640-A MITCHAM DR.  
TALLAHASSEE, FL 32308 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: D  
Name: CARROLL, FREDERICK III  
Address: 2640-A MITCHAM DR.  
City-St-Zip: TALLAHASSEE, FL 32308

Title: D  
Name: DUPREE, ABBY F  
Address: 2640-A MITCHAM DR.  
City-St-Zip: TALLAHASSEE, FL 32308

Title: D  
Name: BROTHERS, KATHLEEN E  
Address: 2640-A MITCHAM DR  
City-St-Zip: TALLAHASSEE, FL 32308

Title: D  
Name: ZOTTOLI, STEPHANIE G  
Address: 2640-A MITCHAM DRIVE  
City-St-Zip: TALLAHASSEE, FL 32308

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: FREDERICK CARROLL III

PART

02/18/2010

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date