

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2007 8:00 am
Secretary of State

01-16-2007 90188 006 ***150.00

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1. Entity Name
 S. & K. CARROLL, INC.



Principal Place of Business
 6633 SUPERIOR AVE.
 SARASOTA, FL 34231 US

Mailing Address
 5146 NORTHRIDGE RD.
 APARTMENT 111
 SARASOTA, FL 34238 US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address
 7658 Trillium Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01092007 Chg-P CR2E034 (12/06)

City & State

City & State
 Sarasota FL

4. FEI Number
 20-2795412

Applied For
 Not Applicable

Zip Country

Zip Country
 34241 USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ADDISON, MICHAEL C
 400 N. TAMPA ST.
 SUITE 1100
 TAMPA, FL 33602

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

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

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, 2007 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 PS Delete
 NAME CARROLL, KELLIE M
 STREET ADDRESS 5146 NORTHRIDGE RD., APT. 111
 CITY-ST-ZIP SARASOTA, FL 34238

TITLE Change Addition
 NAME 7658 Trillium Blvd
 STREET ADDRESS Sarasota FL 34241
 CITY-ST-ZIP

TITLE DT Delete
 NAME CARROLL, SLATE S
 STREET ADDRESS 5146 NORTHRIDGE RD., APT. 111
 CITY-ST-ZIP SARASOTA, FL 34238

TITLE Change Addition
 NAME 7658 Trillium Blvd
 STREET ADDRESS Sarasota FL 34241
 CITY-ST-ZIP

TITLE Delete
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TITLE Change Addition
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TITLE Change Addition
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 STREET ADDRESS
 CITY-ST-ZIP

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:

Kellie Carroll, president
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-11-07 941-925-0533
 Date Daytime Phone #