## **2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

**DOCUMENT# 242864** 

Entity Name: CARRIER SERVICE, INC.

**Current Principal Place of Business:** 

20915 N.W. 2ND AVE. MIAMI, FL 33169-2105

**Current Mailing Address:** 

P. O. BOX 69000C

MIAMI, FL 33269-0019 US

FEI Number: 59-0974509 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CASHMAN, JOHN W 20915 N.W. 2ND AVE. MIAMI, FL 33169-2105 US

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

FILED Mar 26, 2018

**Secretary of State** 

CC9787749040

Officer/Director Detail:

Title PD Title VD

Name CASHMAN, J W Name CASHMAN, W E

Address 3267 BEECHBERRY CIR Address 29 PHILLIPS MEADOW WAY

City-State-Zip: DAVIE FL 33328 City-State-Zip: TRAVELERS REST SC 29690

Title TSD

Name FEHERVARY, C L

Address 9460 LIVE OAK PL #206

City-State-Zip: FT LAUDERDALE FL 33324

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: JOHN CASHMAN

Electronic Signature of Signing Officer/Director Detail

**PRESIDENT** 

03/26/2018

Date