

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# S17239

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

**Current Principal Place of Business:**

2640-A MITCHAM DR.  
TALLAHASSEE, FL 32308

**Current Mailing Address:**

2640-A MITCHAM DR.  
TALLAHASSEE, FL 32308 US

**FEI Number: 59-3038528**

**Certificate of Status Desired: No**

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

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

**Officer/Director Detail :**

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

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

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

Title D  
Name ZOTTOLI, STEPHANIE G  
Address 2640-A MITCHAM DRIVE  
City-State-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**

**PARTNER**

**02/07/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date