

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # 184493

1. Entity Name
CAR-DELL INC



Principal Place of Business

**4173 BIRMINGHAM ROAD
JACKSONVILLE, FL 32207**

Mailing Address

**4173 BIRMINGHAM ROAD
JACKSONVILLE, FL 32207**

DO NOT WRITE IN THIS SPACE



03282006 No Chg-P CR2E034 (11/05)

4. FEI Number **59-0781069** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**DEJONG, JULIANNE C.
4173 BIRMINGHAM ROAD
JACKSONVILLE, FL 32207**

**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 _____
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	DEJONG, JULIANNE C
STREET ADDRESS	4173 BIRMINGHAM ROAD
CITY-ST-ZIP	JACKSONVILLE, FL 32207
TITLE	VP
NAME	CARR, JULIA C
STREET ADDRESS	1651 MARINA LAKE DRIVE
CITY-ST-ZIP	KISSIMMEE, FL 34744
TITLE	ST
NAME	CADELL, FRED B JR
STREET ADDRESS	POST OFFICE BOX 988
CITY-ST-ZIP	WINNFIELD, LA 71483988
TITLE	AST
NAME	CARLYON, GEORGE S
STREET ADDRESS	3951 BAYMEADOWS RD
CITY-ST-ZIP	JACKSONVILLE, FL 32217
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 the empowered.

SIGNATURE: Julianne C. DeJong President April 20, 2006 904/398-4895
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #