

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 12, 2007 8:00 am
Secretary of State

05-30-2007 90004 027 ***150.00

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1. Entity Name
CAR-DELL INC



Principal Place of Business
**4173 BIRMINGHAM ROAD
JACKSONVILLE, FL 32207**

Mailing Address
**4173 BIRMINGHAM ROAD
JACKSONVILLE, FL 32207**

66018656



03082007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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

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

(NOTE: Registered Agent signature required when renewing)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$650.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
DEJONG, JULIANNE C
4173 BIRMINGHAM ROAD
JACKSONVILLE, FL 32207**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
CARR, JULIA C
1651 MARINA LAKE DRIVE
KISSIMMEE, FL 34744**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**ST
CADELL, FRED B JR
POST OFFICE BOX 988
WINNFIELD, LA 71483988**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**AST
CARLYON, GEORGE S
3951 BAYMEADOWS RD
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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JULIANNE C. DEJONG

June 7, 2007 **904/399-3673**

Date

Office Phone #