

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 23, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # 299724**

1. Entity Name  
**CARROLL-MARSHALL-HAINES, INC.**



Principal Place of Business  
**205 AVE. G S.W.  
P.O. DRAWER 1460  
WINTER HAVEN, FL 33882-1460 US**

Mailing Address  
**205 AVE. G S.W.  
P.O. DRAWER 1460  
WINTER HAVEN, FL 33882-1460 US**



01262008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number **59-1110943** Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**MARSHALL, LARRY G.  
205 AVE. G. S.W.  
WINTER HAVEN, FL 33880**

**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 reappointing) 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	PD
NAME	MARSHALL, LARRY G.
STREET ADDRESS	205 AVE. G. S.W.
CITY- ST- ZIP	WINTER HAVEN, FL
TITLE	VD
NAME	MARSHALL, CANDACE C
STREET ADDRESS	205 AVENUE G SW
CITY- ST- ZIP	WINTER HAVEN, FL 33880
TITLE	STD
NAME	HAINES, REBECCA J.
STREET ADDRESS	205 AVE. G. S.W.
CITY- ST- ZIP	WINTER HAVEN, FL
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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04/06/06-80043-002 150.00

**DO NOT WRITE  
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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/20/06 863-293-1111  
Date Daytime Phone if