

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 21, 2008 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**



02122008 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

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

000000833831
02/28/08-80028-010 150.00

10. OFFICERS AND DIRECTORS

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

**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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/18/08 863-293-1111
Date Daytime Phone #