2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 299724

Entity Name: CARROLL-MARSHALL-HAINES, INC.

FILED Apr 11, 2009 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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205 AVE. G S.W. P.O. DRAWER 1460 WINTER HAVEN, FL 338821460 US

New Mailing Address: Current Mailing Address:

205 AVE. G S.W. P.O. DRAWER 1460 WINTER HAVEN, FL 338821460 US

FEI Number: 59-1110943 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition MARSHALL, LARRY G. MARSHALL, LARRY G. Name: Name: 205 AVE. G. S.W. 205 AVE. G. S.W. Address: Address:

WINTER HAVEN, FL City-St-Zip: City-St-Zip: WINTER HAVEN, FL 33880

Title: VD Title: STD (X) Change () Addition () Delete Name: MARSHALL, CANDACE C Name: MARSHALL, CANDACE C.

205 AVENUE G SW 205 AVENUE G SW Address: Address: WINTER HAVEN, FL 33880 WINTER HAVEN, FL 33880 City-St-Zip: City-St-Zip:

Title: Title: STD () Delete **VPD** (X) Change () Addition

HAINES, REBECCA J. Name: MARSHALL, DUSTIN K. Name: 205 AVE G S W 205 AVE. G. S.W. Address: Address:

City-St-Zip: WINTER HAVEN, FL City-St-Zip: WINTER HAVEN, FL 33880

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: LARRY G. MARSHALL PD 04/11/2009