


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2006 08:00 AM
Secretary of State

DOCUMENT # 333784 1. Entity Name CARBONNEAU INC	
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Principal Place of Business 6348 S.W. 2 ST. MARGATE, FL 33068	Mailing Address 6348 S.W. 2 ST. MARGATE, FL 33068
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DO NOT WRITE IN THIS SPACE



04122006 No Chg-P CR2E034 (11/05)

4. FEI Number 62-0811411	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent BURGESS, CA 6348 S.W. 2ND STREET MARGATE, FL 33068

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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 <u>Caroline Burgess</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE <u>4-12-06</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST BURGESS, C.A. 6348 SW 2ND STREET MARGATE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BURGESS, C A 6348 S W 2 ST MARGATE, FL 00000,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BURGESS SAMUEL 6348 SW 2 ST MARGATE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AVP BURGESS, MELANIE 8993 NW 20 MANOR CORAL SPRINGS, FL 33071
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AVP JOHNSTON, YVONNE 6355 SW 2 STREET MARGATE, FL 33068
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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U00000509882
04/28/06-80061-022 150.00

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: <u>Caroline Burgess</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	DATE <u>4/12/06</u> DAYTIME PHONE # <u>954-972-1654</u>