

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 25, 2008 08:00 A
Secretary of State

DOCUMENT # 333784

1. Entity Name
CARBONNEAU INC



Principal Place of Business

**6348 S.W. 2 ST.
MARGATE, FL 33068**

Mailing Address

**6348 S.W. 2 ST.
MARGATE, FL 33068**

DO NOT WRITE IN THIS SPACE



01102008 No Chg-P CR2E034 (11/05)

4. FEI Number
62-0811411

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BURGESS, CA
6348 S.W. 2ND STREET
MARGATE, FL 33068**

**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: Caroline Burgess
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/23/08
DATE

**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**

10. OFFICERS AND DIRECTORS

TITLE	DPST
NAME	BURGESS, C.A.
STREET ADDRESS	6348 SW 2ND STREET
CITY-ST-ZIP	MARGATE, FL
TITLE	S
NAME	BURGESS, C A
STREET ADDRESS	6348 S W 2 ST
CITY-ST-ZIP	MARGATE, FL 00000,
TITLE	V
NAME	BURGESS SAMUEL
STREET ADDRESS	6348 SW 2 ST
CITY-ST-ZIP	MARGATE, FL
TITLE	AVP
NAME	BURGESS, MELANIE
STREET ADDRESS	8993 NW 20 MANOR
CITY-ST-ZIP	CORAL SPRINGS, FL 33071
TITLE	AVP
NAME	JOHNSTON, YVONNE
STREET ADDRESS	6355 SW 2 STREET
CITY-ST-ZIP	MARGATE, FL 33068
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/30/08-80009-012 150.00

**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: Caroline Burgess / CAROLINE BURGESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/23/08 954 972-4561
Date Daytime Phone #