

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 354976

FILED  
Mar 12, 2012  
Secretary of State

Entity Name: CARRIAGE VILLA INC

**Current Principal Place of Business:**

100 PONCE DE LEON BOULEVARD  
DELEON SPRINGS, FL 32130

**New Principal Place of Business:**

**Current Mailing Address:**

7677 NEWBERRY RD  
WINNSBORO, SC 29180

**New Mailing Address:**

FEI Number: 59-1314446

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

STEVENSON, DONNER S  
100 PONCE DELEON BLVD  
DELAND, FL 32720 US

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

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

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: STEVENSON, DONALD V  
Address: 7677 NEWBERRY RD  
City-St-Zip: WINNSBORO, SC 29180

Title: SEC  
Name: STEVENSON, DONNER S  
Address: 100 PONCE DELEON BLVD  
City-St-Zip: DELAND, FL 32720

Title: VP  
Name: STEVENSON, DONALD V JR  
Address: 7711 NEWBERRY RD  
City-St-Zip: WINNSBORO, SC 29180

I hereby 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 all other like empowered.

SIGNATURE: DONALD V STEVENSON JR

VP

03/12/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date