

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 08:00 AM
Secretary of State

DOCUMENT # 360591
 1. Entity Name
CARROLL CHEMICAL, INC.



Principal Place of Business Mailing Address
 1835 1/2 S RIDGEWOOD PO BOX 214317
 PO BOX 4317 S DAYTONA, FL 32121-4317 US
 S DAYTONA, FL 32121-4317 US

DO NOT WRITE IN THIS SPACE



03132004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-1285471 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
SHIRLEY, CARROLL
926 PINEAPPLE ROAD
SOUTH DAYTONA, FL 32119

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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 _____
Signature, typed or printed name of registered agent and title, if applicable. (If CTE Registered Agent signature required, check here) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD CARROLL, MADISON E JR 926 PINEAPPLE RD SOUTH DAYTONA, FL
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D CARROLL, SHIRLEY L 926 PINEAPPLE RD SOUTH DAYTONA, FL
TITLE NAME STREET ADDRESS CITY- ST- ZIP	ST CARROLL, SHIRLEY L 926 PINEAPPLE RD SOUTH DAYTONA, FL
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DV CARROLL, JANEEN 1309 WOODSINE DAYTONA BEACH, FL 32114
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	

U00000120320
 04/19/04-80128-011 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Shirley Carroll Shirley Carroll 4/13/04 386-767-1671
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytona Phone #