

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 368331

FILED  
Apr 13, 2009  
Secretary of State

Entity Name: CARVERS ENTERPRISES, INC.

## Current Principal Place of Business:

6233 WOODWARD LN  
MILTON, FL 32570

## New Principal Place of Business:

## Current Mailing Address:

6233 WOODWARD LN  
MILTON, FL 32570

## New Mailing Address:

FEI Number: 59-1319969

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CARVER, SIBYL M  
6233 WOODWARD LN  
MILTON, FL 32570 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: CARVER, STANLEY A  
Address: 6233 WOODWARD LN  
City-St-Zip: MILTON, FL 32570

Title: VS ( ) Delete  
Name: CARVER, S. ELLEN  
Address: 4425 AMBERWOOD DR  
City-St-Zip: PACE, FL 32571

Title: VS ( ) Delete  
Name: SIBYL, CARVER M  
Address: 6233 WOODWARD LN  
City-St-Zip: MILTON, FL 32570

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VS (X) Change ( ) Addition  
Name: CARVER, S. ELLEN  
Address: 5650 MEADOWLARK LANE  
City-St-Zip: MILTON, FL 32570

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: STANLEY A. CARVER

PRES

04/13/2009

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

\_\_\_\_\_  
Date