

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 17, 2007 8:00 am**  
**Secretary of State**

04-17-2007 90051 028 \*\*\*150.00

**DOCUMENT # 385166**

1. Entity Name

CAROL PROPERTIES, INC.



Principal Place of Business

15151 OAKLAND AVE  
WINTER GARDEN FL 34787  
US

Mailing Address

P.O. BOX 770427  
WINTER GARDEN FL 34777-0427



2. Principal Place of Business - No P.O. Box #

215 SOUTH WOODLAND ST.

3. Mailing Address

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

WINTER GARDEN, FL

City & State

Zip

34787

Country

ORANGE

Country

4. FEI Number 59-1365766

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

LEIGHT, RICHARD A  
1031 WEST MORSE BOULEVARD SUITE 350  
WINTER PARK FL 32789

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 - applicable.

(NOTE: Registered Agent signature required when transferring)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	LOVETT CAROLYN	
STREET ADDRESS	15151 OAKLAND AVENUE	
CITY - ST - ZIP	WINTER GARDEN FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	DEBORAH QUINTON	
STREET ADDRESS	1125 SOUTH GREEN STREET	
CITY - ST - ZIP	THOMASTON GA 30286	
TITLE	PT	<input type="checkbox"/> Delete
NAME	LOVETT, ROBERT G.	
STREET ADDRESS	15151 OAKLAND AVENUE	
CITY - ST - ZIP	WINTER GARDEN FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	CLARK, STARLYNE	
STREET ADDRESS	1401 PRIARIE LAKE BLVD.	
CITY - ST - ZIP	OCOCHEE FL	
TITLE	VPS	<input type="checkbox"/> Delete
NAME	BEURIS VIRGINIA	
STREET ADDRESS	215 SO WOODLAND ST	
CITY - ST - ZIP	WINTER GARDEN FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAROLYN LOVETT	
STREET ADDRESS	102 SEMINOLE ROAD	
CITY - ST - ZIP	THOMASTON, GA 30186	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE	PT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERT G. LOVETT	
STREET ADDRESS	102 SEMINOLE ROAD	
CITY - ST - ZIP	THOMASTON, GA 30186	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Virginia Beuris VPS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 9, 2007 (407) 656-2580

Date

Daytime Phone #