

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 385166

FILED  
Jan 19, 2009  
Secretary of State

Entity Name: CAROL PROPERTIES, INC.

## Current Principal Place of Business:

215 SOUTH WOODLAND STREET  
WINTER GARDEN, FL 34787 US

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 770427  
WINTER GARDEN, FL 347770427

## New Mailing Address:

FEI Number: 59-1365766

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LEIGHT, RICHARD A  
1031 WEST MORSE BOULEVARD SUITE 350  
WINTER PARK, FL 32789 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: D ( ) Delete  
Name: LOVETT, CAROLYN  
Address: 102 SEMINOLE ROAD  
City-St-Zip: THOMASTON, GA 30186

Title: D ( ) Delete  
Name: DEBORAH QUINTON,  
Address: 1125 SOUTH GREEN STREET  
City-St-Zip: THOMASTON, GA 30286

Title: PT ( ) Delete  
Name: LOVETT, ROBERT G  
Address: 102 SEMINOLE RD.  
City-St-Zip: THOMASTON, GA 30186

Title: D ( ) Delete  
Name: CLARK, STARLYNE  
Address: 1401 PRIARIE LAKE BLVD.  
City-St-Zip: OCOEE, FL

Title: VPS ( ) Delete  
Name: BEURIS VIRGINIA,  
Address: 215 SO WOODLAND ST  
City-St-Zip: WINTER GARDEN, FL

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: CAROLYN LOVETT

D

01/19/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date