FILED
Feb 17, 2005 8:00 am
Secretary of State
02-17-2005 90027 045 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 542242

1. Entity Name
CAROL MARIE'S, INC.

20012056

Principal Place of Business	Mailing Address
14 WALTER MARTIN FT. WALTON BEACH, FL 32548	14 WALTER MARTIN FT. WALTON BEACH, FL 32548

01152005 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
302 SE HOLLYWOOD BLVD (Suite, Apt. #, etc.)		302 SE HOLLYWOOD BLVD (Suite, Apt. #, etc.)	
City & State: FT WALTON BEACH FL		City & State: FT WALTON BEACH FL	
Zip: 32548	Country: OKALOOSA	Zip: 32548	Country: OKALOOSA

4. FEI Number 59-1752177 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MCDONALD, CAROL M 302 HOLLYWOOD BLVD SE FT. WALTON BEACH, FL 32548	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 ______ DATE ______
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCDONALD, CAROL M 302 HOLLYWOOD BLVD SE FORT WALTON BEACH, FL 32548	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD O QUINN, JOHN I 640 FAIRWAY AVE FORT WALTON BEACH, FL 32547	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

CAROL M. McDONALD

SIGNATURE: Carol M. McDonald 2-14-05 850-243-1309

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #