

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 11, 2008 8:00 am**  
**Secretary of State**

04-11-2008 90042 049 \*\*\*\*61.25

**DOCUMENT # 729911**

1. Entity Name

CONSOLIDATED CARPORTS, INC.



Principal Place of Business

4158 TAMIAMI TRAIL  
K-6  
PORT CHARLOTTE FL 33952

Mailing Address

4158 TAMIAMI TRAIL  
K-6  
PORT CHARLOTTE FL 33952

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/07)

4. FEI Number  
59-1573428

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

REED, CHROLE  
4158 TAMIAMI TR  
K-6  
PORT CHARLOTTE FL 33952

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, if applicable.

(NOTE: Registered Agent signature is required when re-registering)

DATE

**FILE NOW: FEE IS \$61.25**

**Due By May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to:**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	FOUNTAIN, ROBERT	
STREET ADDRESS	4158 TAMIAMI TR L V5	
CITY-STATE-ZIP	PT CHARLOTTE FL	
TITLE	<del>President</del>	<input type="checkbox"/> Delete
NAME	SOWERS, CHARLES	
STREET ADDRESS	4158 TAMIAMI TR J-7	
CITY-STATE-ZIP	PORT CHARLOTTE FL 33952	
TITLE	T	<input type="checkbox"/> Delete
NAME	REED, CAROLE	
STREET ADDRESS	4158 TAMIAMI TR K-6	
CITY-STATE-ZIP	PORT CHARLOTTE FL 33952	
TITLE	<del>P</del>	<input checked="" type="checkbox"/> Delete
NAME	BATEMAN, ROBERT	
STREET ADDRESS	4158 TAMIAMI TR H-7	
CITY-STATE-ZIP	PORT CHARLOTTE FL 33952	
TITLE	SD	<input type="checkbox"/> Delete
NAME	FOUNTAIN, MILDRED	
STREET ADDRESS	4158 TAMIAMI TR., V-5	
CITY-STATE-ZIP	PORT CHARLOTTE FL 33952	
TITLE	VP	<input type="checkbox"/> Delete
NAME	KATH LEE MEASE	
STREET ADDRESS	4158 TAMIAMI TR K-6	
CITY-STATE-ZIP	Port Charlotte, FL 33952	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-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 617, 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: Carole E Reed CAROLE E. REED

4/1/08 941-2350359