


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90340 043 ***150.00

DOCUMENT # 857372

1. Entity Name
CARBRO, INC.




Principal Place of Business
 130 E. 25TH ST.
 HOPKINSVILLE, KY 42240

Mailing Address
 P. O. BOX 625
 HOPKINSVILLE, KY 42240 US

DO NOT WRITE IN THIS SPACE

50040208



01062005 No Chg-P CR2E034 (10/03)

4. FEI Number 61-6023973	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KNUDSEN JR., ARTHUR K.
 1415 HENDRY ST
 FT. MYERS, FL 33902

DO NOT WRITE IN THIS SPACE

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KIRKPATRICK, CARLISLE III PO BOX 199 GRACEY, KY
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD YELTON, SANDERS 6345 BIRCHWOOD CT BURLINGTON, KY 41005
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD KIRKPATRICK, JUDITH W. PO BOX 199 GRACEY, KY
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KIRKPATRICK, CARLISLE IV 135 YACHT CLUB WAY, #112 900 Holly Lane HYPOLEXO, FL 33482 Boca Raton, FL 33486
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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.

SIGNATURE: *Carlisle Kirkpatrick* 4/15/05 770-886-3936
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #