

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 13, 2006 08:00 AM
Secretary of State

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
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01062006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

000000507062
04/27/06-80050-002 150.00

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 900 HOLLY LN BOCA RATON, FL 33486
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/06
Date

Daytime Phone #