

**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**



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 ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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 _____

Signature typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**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	PD
NAME	KIRKPATRICK, CARLISLE III
STREET ADDRESS	PO BOX 199
CITY-ST-ZIP	GRACEY, KY
TITLE	VD
NAME	YELTON, SANDERS
STREET ADDRESS	6345 BIRCHWOOD CT
CITY-ST-ZIP	BURLINGTON, KY 41005
TITLE	STD
NAME	KIRKPATRICK, JUDITH W.
STREET ADDRESS	PO BOX 199
CITY-ST-ZIP	GRACEY, KY
TITLE	VD
NAME	KIRKPATRICK, CARLISLE IV
STREET ADDRESS	900 HOLLY LN
CITY-ST-ZIP	BOCA RATON, FL 33486
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 # _____