


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**


**FILED**  
**Apr 21, 2008 8:00 am**  
**Secretary of State**

04-21-2008 90094 045 \*\*\*150.00

<b>DOCUMENT # 857372</b>	
1. Entity Name <b>CARBRO, INC.</b>	

Principal Place of Business <b>130 E. 25TH ST. HOPKINSVILLE, KY 42240</b>	Mailing Address <b>P. O. BOX 625 HOPKINSVILLE, KY 42240 US</b>
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

	
04152008	Chg-P
CR2E034 (12/06)	
4. FEI Number <b>61-6023973</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent	
<b>DEBOEST, RICHARD D II 1415 HENDRY ST FT. MYERS, FL 33902</b>	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	Zip Code
<b>FL</b>	

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) DATE \_\_\_\_\_

<b>FILE NOW!!! - FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KIRKPATRICK, CARLISLE III <input checked="" type="checkbox"/> Delete PO BOX 199 GRACEY, KY
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD YELTON, SANDERS <input type="checkbox"/> Delete 18 IDAHO AVE FORT MITCHELL, KY 10417
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD KIRKPATRICK, JUDITH W. <input type="checkbox"/> Delete PO BOX 199 GRACEY, KY
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KIRKPATRICK, CARLISLE IV <input type="checkbox"/> Delete 900 HOLLY LN BOCA RATON, FL 33486
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sec/Trea. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: <i>Judith Wood Kirkpatrick (pres)</i>	4/15/08	270-886-3936
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #