

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 857372

FILED
Apr 22, 2009
Secretary of State

Entity Name: CARBRO, INC.

Current Principal Place of Business:

130 E. 25TH ST.
HOPKINSVILLE, KY 42240

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 625
HOPKINSVILLE, KY 42240 US

New Mailing Address:

P. O. BOX 625
HOPKINSVILLE, KY 42241 US

FEI Number: 61-6023973 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DEBOEST, RICHARD D II
1415 HENDRY ST
FT. MYERS, FL 33902 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: ST () Delete
Name: YELTON, SANDERS
Address: 18 IDAHO AVE
City-St-Zip: FORT MITCHELL, KY 10417

Title: P () Delete
Name: KIRKPATRICK, JUDITH W.
Address: PO BOX 199
City-St-Zip: GRACEY, KY

Title: VD () Delete
Name: KIRKPATRICK, CARLISLE IV
Address: 900 HOLLY LN
City-St-Zip: BOCA RATON, FL 33486

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Change (X) Addition
Name: KIRKPATRICK, CARLISLE III
Address: P.O. BOX 199
City-St-Zip: GRACY, KY 42211

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CARLISLE KIRKPATRICK III

D

04/22/2009

Electronic Signature of Signing Officer or Director

_____ Date