## 2007 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

SIGNATURE:

## Mar 01, 2007 8:00 am **Secretary of State** DOCUMENT # F01000001263 1. Entity Name 03-01-2007 90022 019 \*\*\*150.00 CARBON RESOURCES, INC. Principal Place of Business Mailing Address 1401 MANATEE AVENUE WEST 1401 MANATEE AVENUE WEST SUITE 910 SUITE 910 **BRADENTON FL 34205 BRADENTON FL 34205** 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 11023 Gatewood Drive 11023 Gatewood Drive Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) 103 City & State City & State 4. FEI Number Applied For 65-0752537 Bradenton, FL Not Applicable Bradenton, FL Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 34211 USA 34211 USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MURRELL, FREDERICK J Street Address (P.O. Box Number is Not Acceptable) 1401 MANATEE AVENUE WEST, STE 910 11023 Gatewood Drive **BRADENTON FL 34205** Suite 103 City Zip Code 34211 <u>Bradenton</u> 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, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. XX Change TITLE HHE ☐ Defete MURRELL, FREDERICK J NAME NAME 1401 MANATÉE AVE W # 910 11023 Gatewood Drive, Suite #103 STREET ADDRESS STREET ADDRESS **BRADENTON FL 34205** CITY ST ZIP CITY-ST-ZIP Bradenton, FL 34211 ☐ Delele TITLE Change Addition ZAWADZKI, EDWARD A NAME. NAME 7040 OLD TABBY CIRCLE STREET ADDRESS STREET ADDRESS **BRADENTON FL 34202** CITY-ST-ZIP CITY-ST-7IP Delete ш 11111 ☐ Change Addition NAME NAMI STREET ADDRESS STREET ADORESS CITY-ST-7IP CITY-ST-7IP TITLE ☐ Delete DILL ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP TITLE ☐ Delete TITLE Change Addition NAME NAMI STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DILE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 eath; 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 attact/yeart with an address, with/all other like empowered.

AME OF SIGNING OFFICER OR DIRECTOR

2/22/07

Date

941-747-2630

Paytime Phone #

**FILED**