2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME

FILED Jan 25, 2005 8:00 am Secretary of State

DOCUMENT # F0200001403 1. Entity Name THE CARSON COMPANY OF GEORGIA, INC.					01-25-200	5 90033 043 *	**150).00
Principal Place of Business 2203 ROWLAND AVENUE SAVANNAH, GA 31404		Mailing Address 2203 ROWLAND AVENUE SAVANNAH, GA 31404						
3807 P Suite, Apt.	#, etc.	3. Mailing Address 28018 Rogs Suite, Apt. #, etc.	er lacey	Ave. 0104200	5 Chg-P	CR2E034 (1	· · ·	
SAVANNAL GA		City & State SAVANNAL GA		4. FEI Nur 58-24	nber 145488		-	plied For t Applicable
Zip 3140	Country	Zip 31404	Country . USA	5. Certifica	5. Certificate of Status Desired S8.75 Additional Fee Required 7. Name and Address of New Registered Agent			
MILLS, W. H JR. 25 SECOND STREET N. ST. PETERSBURG, FL 33701				Street Address (P.O. Box Number is Not Acceptable)				
The above named entity submits this statement for the purpose of changing its registere				FL Zip Code				
	ions of registered agent. Signature, typed or printed name of registered agent ar			a required when rainstating)		DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Finan Trust Fund Contribution,				\$5.00 May Be Added to Fees				
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CARSON, WALTER C JR. 2203 ROWLAND AVENUE SAVANNAH, GA 31404	Delete	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Walter	C. CARSON,	Je.	ECTORS Change	S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GOMPELS, MARK 2203 ROWLAND AVENUE SAVANNAH, GA 31404	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice - PRE MARK GO	5. mpels are laceu		Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S EVANS, JULIE 2203 ROWLAND AVENUE SAVANNAH, GA 31404	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Julie Ex	4		Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	THILE NAME STREET ADDRESS CITY-ST-ZIP	•	•		Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Defete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP	M	□ Delete	HTLE NAME STREET ADDRESS CITY-ST-ZIP				Change	☐ Addition
12. I hereby of indicated of the corchanged.	certify that the irrormation supplied with on this reportly supplemental report is poration or the received of trustee empor or on an attachment with an address, w	this filing does not qualify for the true and accurate and that my wered to execute this report as with all other like empowered.	he exemption state signature shall ha s required by Chap	ed in Section 119.07 ive the same legal e oter 607, Florida Stat	(3)(i), Florida Statute fect as if made unde utes; and that my na	s. I further certify the er oath; that I am ar ime appears in Bloomer	at the in officer ck 10 or	formation or director Block 11 if

IING OFFICER OR DIRECTOR