2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2005 08:00 AM
Secretary of State

DOCUMENT # F03000002670

1. Entity Name
CARCO HOLDINGS, INC.

Principal Place of Business	Mailing Address
502 SOUTH BEACH ROAD HOBE SOUND, FL 33455	502 SOUTH BEACH ROAD HOBE SOUND, FL 33455

02142005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
58-2671019
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

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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 _____ DATE
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
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	O'NEILL, PETER L
STREET ADDRESS	502 SOUTH BEACH ROAD
CITY-ST-ZIP	HOBE SOUND, FL 33455
TITLE	VS
NAME	GIORDANO, MICHAEL J
STREET ADDRESS	17 FLOWERFIELD INDUSTRIAL PARK
CITY-ST-ZIP	ST. JAMES, NY 11780
TITLE	VT
NAME	HOFFMAN, PAMELA J
STREET ADDRESS	17 FLOWERFIELD INDUSTRIAL PARK
CITY-ST ZIP	ST. JAMES, NY 11780
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/21/05-80083-001 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: PL O'Neill (Peter L. O'Neill) 3/4/05 (772) 545-4010
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #