

2005 FOR PROFIT CORPORATION  
ANNUAL REPORT

FILED

May 06, 2005 08:00 AM  
Secretary of State

DOCUMENT # F04000002563

1. Entity Name

CAROTEX CONSTRUCTION, INC.



Principal Place of Business

9062 DEER TRAIL RUN  
HEARNE, TX 77859

Mailing Address

P.O. BOX 949  
HEARNE, TX 77859



01042005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

74-2955885

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

NICOLAS J. WATSON, P.A.  
501 BRICKELL KEY DRIVE, SUITE 504  
MIAMI, FL 33131

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IN THIS SPACE

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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 C  
NAME BLACKMON, JOYCE A  
STREET ADDRESS P.O. BOX 551  
CITY-ST-ZIP FRANKLIN, TX 77856

TITLE DPS  
NAME BLACKMON, VICTOR R  
STREET ADDRESS P.O. BOX 551  
CITY-ST-ZIP FRANKLIN, TX 77856

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

000000364332  
05/06/05-80038-007 158.75

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/4/05

Date

(979) 279-0638

Daytime Phone #