

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F05000000144
 1. Entity Name
 CARLYLE VAN LINES, INC.



FILED
Jul 15, 2008 08:00 AM
Secretary of State

Principal Place of Business
 801 WEST YOUNG
 WARRENSBURG, MO 64093

Mailing Address
 801 WEST YOUNG
 WARRENSBURG, MO 64093



07102008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 43-1216832	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
 LESKY, CRAIG
 3009 NW 25TH AVE.
 POMPANO BEACH, FL 33069

DO NOT WRITE 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 _____ (NOTE: Registered Agent signature required when reinstating)

U00000954983
 07/15/08-80806-004 158.75

FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CARLYLE, ROY H 600 DARROW WARRENSBURG, MO 64093
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CARLYLE, BILL F JR 249 SW 21 WARRENSBURG, MO 64093
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FOCKLER, TERRY JEAN 645 NW 100 CENTERVIEW WARRENSBURG, MO 64019
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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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Bill Carlyle Vice President 07/10/08 800-356-4194
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #