


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 30, 2006 8:00 am
Secretary of State

01-30-2006 90064 032 ***150.00

DOCUMENT # G34909 1. Entity Name CAROL FEALY, INC.	
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Principal Place of Business 511 SE 32ND COURT FT LAUDERDALE, FL 33316 US	Mailing Address 511 SE 32ND COURT FT. LAUDERDALE, FL 33316 US
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DO NOT WRITE IN THIS SPACE



01262006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2292195	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

WILLIS, CAROL F.
511 SE 32ND COURT
FT. LAUDERDALE, FL 33316

**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: _____
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, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WILLIS, CAROL F. 109 SOUTHEAST 12TH AVE. FORT LAUDERDALE, FL 33301
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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IN THIS SPACE**

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

1-26-06 954 522 2094