2005 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

Feb 11, 2005 8:00 am Secretary of State DOCUMENT # G61500 1. Entity Name 02-11-2005 90029 049 ***150.00 CARROLL BROTHERS CONSTRUCTION, INC. Principal Place of Business Mailing Address POST OFFICE BOX 18408 WEST PALM BEACH FL 33416 5141 SUMMIT BLVD WEST PALM BEACH FL 33415 2. Principal Place of Business 3. Mailing Address 2030 N.W. 16th Street Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State Applied For City & State 4. FEI Number Delray Beach, FL 59-2327249 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 33445 USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GOMEZ, PATTI C Street Address (P.O. Box Number is Not Acceptable) 2030 NW 16TH ST **DELRAY BEACH FL 33445** City Zip Code 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, typed or printed name of registered agent and title if applicable. (NOTE. Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. VDO TITLE TITLE Change ☐ Addition ☐ Delete NAME CARROLL, CHARLES J NAME 11899 SE INDIAN RIVER DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HOBE SOUND FL 33455 CITY-ST-ZIP **VFOD** ☐ Delete Change Addition NAME CARROLL, MICHAEL W 13566 NORTH ROAD STREET ADDRESS STREET ADDRESS CITY-ST-7IP LOXAHATCHEE FL 33470 CITY-ST-ZIP PSTDOC PSTD ·· 🚅 = 😁 THILE Delete TITLE X Change Addition GOMEZ, PATTI CARROLL GOMEZ, PATTI CARROLL NAME NAME STREET ADDRESS 2030 NW 16TH ST STREET ADDRESS 2030 NW_16th Street -CITY-ST-7IP **DELRAY BEACH FL 33445** CITY-ST-ZIP DELRAY BEACH, FL 33445 VDO TITLE X Delete TITLE ☐ Change Addition CARROLL, CHARLES J NAME NAME 11899 SE INDIAN RIVER DR. STREET ADDRESS STREET ADDRESS CITY-ST-7IP HOBE SOUND FL 33455 CITY-ST-ZIP STDC Delete TITLE TITLE ☐ Change ☐ Addition GOMEZ, PATTI CAROLL NAME NAME 2030 NW 16TH ST. STREET ADDRESS STREET ADDRESS **DELRAY BEACH FL 33445** CITY-ST-7IP CITY-ST-ZIP

FILED

☐ Addition

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.

STREET ADDRESS

CITY-ST-ZIP

NAME

MLY PATTI C. GOMEZ 2-8-05 5761 684-7484

ME OF SIGNING OFFICER OR DIRECTOR

Date

Date

Date SIGNATURE:

Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP