


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Apr 14, 2006 08:00 AM  
Secretary of State**

|  |   |   |
|--|---|---|
| <b>DOCUMENT # J45999</b><br>1. Entity Name<br><b>CARVERS MANAGEMENT SERVICES, INC.</b>   |   |    |
| Principal Place of Business<br><b>P O BOX 644<br/>MILTON, FL 32572 US</b>  | Mailing Address<br><b>P O BOX 644<br/>MILTON, FL 32572 US</b> |   |
| <b>DO NOT WRITE IN THIS SPACE</b>  |   |   |
| 6. Name and Address of Current Registered Agent<br><br><b>CARVER, ELLEN S.<br/>4425 AMBERWOOD CIRCLE<br/>MILTON, FL 32571</b>  |   | <b>DO NOT WRITE<br/>IN THIS SPACE</b>   |
| 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.<br><br>SIGNATURE _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>  |   |   |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2006 Fee will be \$550.00</b>  |   | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be<br>Added to Fees |
| 10. OFFICERS AND DIRECTORS   |   | 100000508447<br>04/28/06-80005-019 150.00   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>DO NOT WRITE<br/>IN THIS SPACE</b>                         |   |
| P<br>CARVER, S. ELLEN<br>4425 AMBERWOOD CIRCLE<br>PACE, FL 32571   |   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   |   |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   |   |
| 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: <u>S. Ellen Carver</u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>   |   | <u>4-11-06</u> <u>850-623-8144</u><br><small>Date Daytime Phone #</small>   |



04112006 No Chg-P CR2E034 (11/05)

4. FEI Number  
**59-2764752**

Applied For  
Not Applicable

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