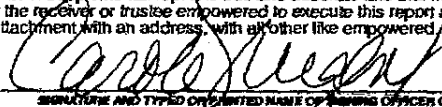


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 16, 2005 08:00 AM
Secretary of State

DOCUMENT # L01245 1. Entity Name CAROLE NUGENT, INC.		
Principal Place of Business 418 MOLA AVENUE FORT LAUDERDALE, FL 33301	Mailing Address 418 MOLA AVENUE FORT LAUDERDALE, FL 33301	
DO NOT WRITE IN THIS SPACE		
5. Name and Address of Current Registered Agent BARRINGER, JUDY A. 321 SE 15TH AVE FT. LAUDERDALE, FL 33310		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 file if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$350.00		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	D NUGENT, CAROLE 418 MOLA AVENUE FT. LAUDERDALE, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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 FILING OFFICER OR DIRECTOR		4/15/05 954 463 8028 Date Daytime Phone #



04132005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0113436	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**

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04/16/05-80043-014 150.00