


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 25, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L27608</b>		
1. Entity Name CARP INDUSTRIES CORPORATION		

Principal Place of Business 4550 US 1 GRANT, FL 32905 US	Mailing Address 4550 US 1 GRANT, FL 32949 US
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**DO NOT WRITE IN THIS SPACE**

04102005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2978603	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent

CARPENTER, JOHN  
6000 ISLAND HARBOR DRIVE  
SEBASTIAN, FL 32978

**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  DATE 4/19/05

(NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE	P
NAME	CARPENTER, JOHN
STREET ADDRESS	6048 ISLAND HARBOUR DR
CITY-ST-ZIP	SEBASTIAN, FL
TITLE	VP
NAME	CARPENTER, WILLIAM
STREET ADDRESS	3752 RENAULD PL
CITY-ST-ZIP	MICCO, FL 32976
TITLE	VP
NAME	AARONS, KRISTIN
STREET ADDRESS	79 NORTH POND RD
CITY-ST-ZIP	CHESTER, NH 03036
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/25/05-80007-003 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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  4-12-05 321-952-1303

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR