

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2007 8:00 am
Secretary of State

04-27-2007 90229 044 ***150.00

DOCUMENT # L27608

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**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address



04152007 Chg-P CR2E034 (12/06)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number
59-2978603

Applied For
Not Applicable

City & State

City & State

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

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

**CARPENTER, JOHN
6000 ISLAND HARBOR DRIVE
SEBASTIAN, FL 32978**

7. Name and Address of Now Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

5 Sea Horse Lane

City

Vero Beach

FL

Zip Code

32960

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, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **CARPENTER, JOHN**
STREET ADDRESS **6048 ISLAND HARBOUR DR**
CITY-ST-ZIP **SEBASTIAN, FL**

TITLE **VP** ☐ Delete
NAME **CARPENTER, WILLIAM**
STREET ADDRESS **3752 RENAULD PL**
CITY-ST-ZIP **MICCO, FL 32976**

TITLE **VP** ☐ Delete
NAME **AARONS, KRISTIN**
STREET ADDRESS **79 NORTH POND RD**
CITY-ST-ZIP **CHESTER, NH 03036**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **5 Sea Horse Lane**
CITY-ST-ZIP **Vero Beach FL 32960**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **109 Becker Ave**
CITY-ST-ZIP **Sebastian FL 32958**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

William Carpenter

4/17/07

321-952-1323