2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # M69875

1. Entity Name
CAROL CARR, INC.

Principal Place of Business	Mailing Address
C/O CAROL CARR	C/O CAROL CARR
3567 NORTH 91ST STREET #5	3567 NORTH 91ST STREET #5
LAKE PARK, FL 33403	LAKE PARK, FL 33403

DO NOT WRITE IN THIS SPACE

04062004   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
65-0033895	Not Applicable

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

6. Name and Address of Current Registered Agent

CARR, CAROL
3567 NORTH 91ST STREET
#5
LAKE PARK, FL 33403

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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, 2004 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

	TITLE	PD
	NAME	CARR, CAROL
	STREET ADDRESS	3567 NORTH 91ST ST. #5
	CITY-ST-ZIP	LAKE PARK, FL

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04/19/04--80044-024 150.00

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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)(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: _____ CAROL L CARR 4/6/04 5616268580

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #