


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

DOCUMENT # M69875 1. Entity Name CAROL CARR, INC.		
Principal Place of Business C/O CAROL CARR 3567 NORTH 91ST STREET #5 LAKE PARK, FL 33403	Mailing Address C/O CAROL CARR 3567 NORTH 91ST STREET #5 LAKE PARK, FL 33403	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent CARR, CAROL 3567 NORTH 91ST STREET #5 LAKE PARK, FL 33403		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE _____ <small>(NOTE: Registered Agent signature required when resigning)</small>
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CARR, CAROL 3567 NORTH 91ST ST. #5 LAKE PARK, FL	
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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: <u><i>Carol Carr</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u><i>CAROL CARR</i></u> <u>4/20/05</u> <u>Old 6268550</u> <small>Date Daytime Phone #</small>



04192005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0033895	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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04/25/05-80010-020 150.00

**DO NOT WRITE
IN THIS SPACE**