


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90230 044 ***150.00

DOCUMENT # M69875 1. Entity Name CAROL CARR, INC.			
Principal Place of Business C/O CAROL CARR 3567 NORTH 91ST STREET LAKE PARK, FL 33403		Mailing Address PO BOX 1091 PALM BEACH, FL 33480	
2. Principal Place of Business - No P.O. Box # 912 UPLAND RD		3. Mailing Address Suite, Apt. #, etc. Suite 317-307	
Suite, Apt. #, etc. City & State WEST PALM BEACH FL		Suite, Apt. #, etc. City & State PALM BEACH FL	
Zip 33401		Country USA	
4. FEI Number 65-0033895		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CARR, CAROL 3567 NORTH 91ST STREET #5 LAKE PARK, FL 33403		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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: <i>Carol Carr</i> DATE: 4/27/08	
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CARR, CAROL 3567 NORTH 91ST STREET LAKE PARK, FL 33403	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	340 Royal Poinciana Way Suite 317-307 Palm Beach FL 33480	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <i>Carol Carr</i>			