

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 12, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # M84082**

1. Entity Name  
CAROLE'S INVESTMENTS, INC.



Principal Place of Business

775 SE SALERNO  
P.O. BOX 672  
STUART, FL 34995-7672 US

Mailing Address

P O BOX 672  
P.O. BOX 672  
STUART, FL 34995-0672 US



02262008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0026415 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

WESTON, DAVID R.  
845 S.E. SALERNO RD.  
STUART, FL 34997

**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

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

000000855047  
03/27/08-80034-008 150.00

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME WESTON, CAROLE  
STREET ADDRESS 845 SE SALERMO RD.  
CITY-ST-ZIP STUART, FL

TITLE STV  
NAME WESTON, DAVID  
STREET ADDRESS 845 SE SALERMO RD.  
CITY-ST-ZIP STUART, FL

TITLE D  
NAME WESTON, DAVID  
STREET ADDRESS 845 SE SALERMO RD.  
CITY-ST-ZIP STUART, FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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 #

3/15/08 772-283 5032