
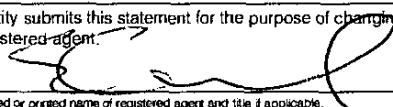
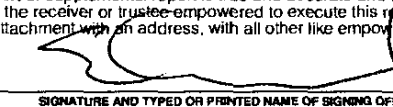


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90218 024 ***150.00

DOCUMENT # P00000019900 1. Entity Name EDWIN CARROLL PT SERVICES, INC.																													
Principal Place of Business 3098 SOUTHRIDGE LANE BONIFAY, FL 32425			Mailing Address P.O. BOX 730 BONIFAY, FL 32425																										
2. Principal Place of Business 3098 Southridge Lane		3. Mailing Address P.O. Box 730																											
Suite, Apt. #, etc.		Suite, Apt. #, etc.																											
City & State Bonifay, FL		City & State Bonifay, FL		4. FEI Number 59-3626560																									
Zip 32425		Country USA		Applied For <input type="checkbox"/> Not Applicable																									
Zip 32425		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent CARROLL, EDWIN 3098 SOUTHRIDGE LANE BONIFAY, FL 32425			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 3098 Southridge Lane 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  DATE 4/28/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																													
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$350.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																										
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">D</td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>CARROLL, EDWIN</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>P.O. BOX 730</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>BONIFAY, FL 32425</td> <td></td> </tr> </table>			TITLE	D	<input type="checkbox"/> Delete	NAME	CARROLL, EDWIN		STREET ADDRESS	P.O. BOX 730		CITY-ST-ZIP	BONIFAY, FL 32425		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;"></td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
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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: 			Date 4/28/04 Daytime Phone #																										
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																													

94073896



04282004 Chg-P CR2E034 (10/03)