

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000023349

1. Entity Name
CARBON ENTERPRISES, INC.



Principal Place of Business
909 BIG TREE RD.
SOUTH DAYTONA, FL 32119

Mailing Address
703 BIG TREE RD.
S. DAYTONA, FL 32119

FILED
Feb 18, 2008 08:00 AM
Secretary of State



01072008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3635336	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

BARNARD, CAROL E
703 BIG TREE RD.
S. DAYTONA, FL 32119

**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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	BARNARD, CAROL E
STREET ADDRESS	703 BIG TREE RD.
CITY-ST-ZIP	S. DAYTONA, FL 32119

TITLE	D
NAME	BARNARD, YVONNE L
STREET ADDRESS	703 BIG TREE RD
CITY-ST-ZIP	SOUTH DAYTONA, FL 32119

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

UD00000830734
02/26/08-80094-023 150.00

**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

2/15/08 386 761-3181
Date Daytime Phone #