

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000058459

FILED
Mar 23, 2005
Secretary of State

Entity Name: CARR SPECIALTY BAITS, INC.

Current Principal Place of Business:

1704 LAKESIDE AVE
UNIT 6
SAINT AUGUSTINE, FL 32084

New Principal Place of Business:

Current Mailing Address:

1704 LAKESIDE AVE
UNIT 6
SAINT AUGUSTINE, FL 32084

New Mailing Address:

FEI Number: 59-3656439 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DILLINGER, TERRY L
228 ST THOMAS ST
SAINT AUGUSTINE, FL 32095 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: SD () Delete
Name: DILLINGER, TERESA C
Address: 228 ST THOMAS ST
City-St-Zip: SAINT AUGUSTINE, FL 32095

Title: VD () Delete
Name: CARR, MICHAEL
Address: 121 CHASE COMMON COURT
City-St-Zip: NORCROSS, GA 30071

Title: TD () Delete
Name: CARR, WILLIAM E JR
Address: 5001 NW 33RD PLACE
City-St-Zip: GAINESVILLE, FL 32606

Title: PD () Delete
Name: CARR, WILLIAM E SR
Address: 603 MARIPOSA STREET
City-St-Zip: ST AUGUSTINE BEACH, FL 320

Title: T () Delete
Name: DILLINGER, TERRY L
Address: 228 ST THOMAS ST
City-St-Zip: SAINT AUGUSTINE, FL 32095

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TERRY DILLINGER

T

03/23/2005

Electronic Signature of Signing Officer or Director

_____ Date