

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 02, 2007 8:00 am
Secretary of State

03-02-2007 90026 010 ***150.00

DOCUMENT # P00000100423

1. Entity Name

CARSIL SERVICES, INC.



Principal Place of Business

794 EASTBROOK BLVD
WINTER PARK FL 32792

Mailing Address

794 EASTBROOK BLVD
WINTER PARK FL 32792

2. Principal Place of Business - No P.O. Box #

794 Eastbrook Blvd

Suite, Apt. #, etc.

Winter Park

City & State

FL

Zip

32792

Country

USA

3. Mailing Address

794 Eastbrook Blvd

Suite, Apt. #, etc.

City & State

Winter Park, FL

Zip

32792

Country

USA



1st MOORE

CR2E034 (10/06)

4. FEI Number 59-3679565

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CONDE, MARYLIN I
14470 SW 172 ST
MIAMI FL 33177

7. Name and Address of New Registered Agent

Name

MARYLIN I CONDE

Street Address (P.O. Box Number is Not Acceptable)

794 Eastbrook Blvd

City

Winter Park

FL

Zip Code

32792

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

Marylin Conde

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

02/23/07

FILE NOW!!! FEE IS \$150.00

After May 1, 2007 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
CONDE, MARYLIN I
794 EASTBROOK BLVD.
WINTER PARK FL 32792 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

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☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
President
MARYLIN I CONDE
794 Eastbrook Blvd
Winter Park, FL 32792 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

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CITY - ST - ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Marylin Conde

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/23/07

Date

Daytime Phone #