

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000021421

Entity Name: CAROLINA FIBERS, INC.

FILED
Mar 23, 2009
Secretary of State

Current Principal Place of Business:

145 FACTORY STREET
RONDA, NC 28670

New Principal Place of Business:

Current Mailing Address:

145 FACTORY STREET
RONDA, NC 28670

New Mailing Address:

FEI Number: 59-3704610

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AYLWARD, ROBERT E
600 S. MAGNOLIA AVENUE
SUITE 100
TAMPA, FL 33606 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: P/D () Delete
Name: VINCELLI, ALFRED
Address: 824 ISLAND WAY
City-St-Zip: CLEARWATER BEACH, FL 33767

Title: ST () Delete
Name: VINCELLI, BARBARA A
Address: 824N ISLAND WAY
City-St-Zip: CLEARWATER BEACH, FL 33767

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 exemption stated 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 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: ALFRED VINCELLI

P

03/23/2009

_____ Electronic Signature of Signing Officer or Director

_____ Date