

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000047007

1. Entity Name  
CARROLL & CARROLL CONSULTING, INC.



Principal Place of Business  
7163 AUGUSTA DRIVE  
GREEN COVE SPRINGS, FL 32043

Mailing Address  
7163 AUGUSTA DRIVE  
GREEN COVE SPRINGS, FL 32043

FILED

04 APR -8 PM 2:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



04082004 No Chg-P CR2E034 (10/03) *MRS*

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3718780 Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

TOLSON, JOHN F JR  
462 KINGSLEY AVE STE 101  
ORANGE PARK, FL 32073

**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, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

200033224332  
21/04--01005--027 \*\*150.00

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME CARROLL, JENNIFER  
STREET ADDRESS 7163 AUGUSTA DRIVE  
CITY-ST-ZIP GREEN COVE SPRINGS, FL 32043

TITLE SD  
NAME CARROL, NOLAN  
STREET ADDRESS 7163 AUGUSTA DR  
CITY-ST-ZIP GREEN COVE SPRINGS, FL 32043

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/04

Date

904-509-1693

Daytime Phone #