2004 FOR PROFIT CORPORATION

ANNUAL REPORT DOCUMENT # P01000086194

FILED Apr 15, 2004 8:00 am Secretary of State

04-15-2004 90065 001 ***300.00

1. Entity Name CARLOANSOK INC. Principal Place of Business Mailing Address						
					00411303	
12800 INDIA Largo, FL 3	N ROCKS ROAD SUITE 3 3774	12800 INDIAN ROCKS ROAD SUITE 3 LARGO, FL 33774			:	
•					. I ARRINGO I AN GRUET FIRM ARKIN COUT GATH BRICH FRIEN AFRA KERK HETH DRAVEN HI IOF	
2. Frincipal Pl	lace of Business 3	. Mailing Address		•		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		04022004 Chg-P CR2E034 (10/03)	
City & State		City & State			4. FEI Number Applied Fc 59-2931594 Not Applie	
Zip	Country	Zip	Country		5. Certificate of Status Desired S8.75 Additional Fee Required	
	6. Name and Address of Current Reg	istered Agent	Name		7. Name and Address of New Registered Agent	
LARGO, F		e purpose of changing its	City		FL Zip Code ered agent, or both, in the State of Florida. I am familiar with, and acc	
SIGNATURE	Signature, typed or printed name of registered agent and ti	tle if applicable. (NOTS	: Registered Agent signa	ture required	ed when reinstating) DATE	
FIL	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	9. Election Campai	9. Election Campaign Financing Trust Fund Contribution.		5.00 May Be Ided to Fees	
10.	OFFICERS AND DIR	ECTORS	11.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES GERARD, DARREL PRES. 3676 PEACH STREET SALT LAKE CITY, UT 84109	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change Ad	
TITLE NAME STREET ADDRESS	CEO GERARD, ERIC S CEO 2308 SETON LANE	□ Delete	TITLE NAME STREET ADDRESS		Change Ad	

CITY-ST-ZIP LARGO, FL 33774 CITY-ST-ZIP coo ☐ Detete TITLE ☐ Change ☐ Addition TITLE MARRA, SEAN COO NAME STREET ADDRESS 7124 - 3RD AVENUE S. STREET ADDRESS ST. PETERSBURG, FL 33707 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP r Delete: Change ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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