2007 FOR PROFIT CORPORATION

ANNUAL REPORT DOCUMENT # P02000023350 CARRIAGE PROPERTIES, INC. Mailing Address



FILED Apr 11, 2007 08:00 A Secretary of State

Principal Place of Business	
225 S. ADAMS ST., STE. 250	١
TALLAHASSEE, FL 32301	

225 S. ADAMS ST., STE. 250 TALLAHASSEE, FL 32301



02132007

No Chg-P

CR2E034 (11/05)

4. FEI Number 75-3015499 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

BREWTON, WILBUR E ESQ. 225 S. ADAMS ST., STE. 250 TALLAHASSEE, FL 32301

of the corporation or the re-changed, or on an attachm

SIGNATURE:

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the p ions of registered agent.	urpose of changing its register	ed office or re	egistered agent, or	both, in the State of Flori	ida. I am familiar wi	th, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title to	applicable. (NOTE, Registered	d Agent signature	required when reinstating)		DATE	
	E NOWIII FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Finan Trust Fund Contribution.	icing	\$5.00 May Be Added to Fees			
10.	OFFICERS AND DIREC	TORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BREWTON, WILBUR E 225 S. ADAMS ST., STE. 250 TALLAHASSEE, FL 32301						
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DC	NOT W	RITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SP	ACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP					U00000701 04/20/07-900	344 153-007 150.	.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
12. I hereby of indicated of the cor	certify that the information supplied with this on this report or supplemental report is true protation or the receiver or trustee empower	ing does not qualify for the exe ad accurate and that my signat the execute this report as require	emptions con ture shall have red by Chapt	italned in Chapter 1 e the same legal el er 607, Florida Stat	19, Florida Statutes. I fullect as if made under oautes; and that my name	urther certify that the ath; that I am an office appears in Block 10	information er or director or Block 11 if