


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2004 8:00 am
Secretary of State

04-22-2004 90032 004 ***150.00

DOCUMENT # P02000039465 1. Entity Name CARILLON CANDLE COMPANY		
Principal Place of Business 784 45TH AVENUE N.E. ST. PETERSBURG, FL 33703		Mailing Address 784 45TH AVENUE N.E. ST. PETERSBURG, FL 33703
2. Principal Place of Business 929 2nd Street N Suite, Apt. #, etc.	3. Mailing Address 929 2nd Street N Suite, Apt. #, etc.	
City & State St. Petersburg Zip FL Country 33701	City & State St. Petersburg Zip FL Country 33701	
4. FEI Number 03-0430568		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent RICARDO A. ROIG, P.A. 201 N. FRANKLIN STREET SUITE 2700 TAMPA, FL 33602		
7. Name and Address of New Registered Agent Name Ricardo A. Roig, P.A. Street Address (P.O. Box Number is Not Acceptable) 4023 North Armenia Avenue Suite 400 City Tampa FL Zip Code 33607		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES <input type="checkbox"/> Delete BELL, BRADLEY G 784 45TH AVENUE N.E. ST. PETERSBURG, FL 33703	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC <input type="checkbox"/> Delete BELL, AMY S 784 45TH AVENUE N.E. ST. PETERSBURG, FL 33703	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 <u><i>Amy S. Bell</i></u> Amy S. Bell <u><i>April 19 2004</i></u> 727-403-3851 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		

94059847



02192004 Chg-P CR2E034 (10/03)