2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Feb 10, 2004 08:00 AM DOCUMENT # P02000113607 **Secretary of State** 1. Entity Name J.M. CARROLL, INC. Mailing Address Principal Place of Business 1308 RASPBERRY CT CASSELBERRY FL 32707 1308 RASPBERRY CT CASSELBERRY FL 32707 2. Principal Place of Business 3. Mailing Address Suite Act #, etc. Suite, Apt # etc. CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 02-0647848 Not Applicable Zip. Country Ζip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CARROLL, J. MICHAEL 1308 RASPBERRY CT Street Address (P.O. Box Number is Not Acceptable) CASSELBERRY FL 32707 Zip Code City 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 fille if applicable DATE (NOTE Registered Agent signature required whon reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing **\$5.00** May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Change ☐ Addition ME ☐ Deleta U000000045003 NAME CARROLL, J. MICHAEL NAME 02/11/04-80044-019 150.00 STREET ADDRESS STREET ADDRESS 1308 RASPBERRY CT CASSELBERRY FL 32707 CITY: ST. 7IP CITY - ST- 789 TETLE Change Defete Addition SILE NAME RAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP ☐ Delete TELLE Change Change TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE Change ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change THE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS 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 changed, or on an attachment with an address, with all other like empowered.

FILED