

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 08, 2005 8:00 am
Secretary of State

04-08-2005 90082 045 ***150.00

DOCUMENT # P02000133256

1. Entity Name
ECOVENTURE CAROUSEL, INC.



Principal Place of Business
601 BAYSHORE BOULEVARD
SUITE 960
TAMPA, FL 33606

Mailing Address
601 BAYSHORE BOULEVARD
SUITE 960
TAMPA, FL 33606

50035256



03162005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 92-0178503	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

OELSCHLAEGER, EDWARD R
601 BAYSHORE BOULEVARD
SUITE 960
TAMPA, FL 33606

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing ☐ **\$5.00** May Be
Trust Fund Contribution. Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D OELSCHLAEGER, EDWARD R 601 BAYSHORE BOULEVARD SUITE 960 TAMPA, FL 33606
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	D OELSCHLAEGER, CHRISTOPHER E 601 BAYSHORE BOULEVARD SUITE 960 TAMPA, FL 33606
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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**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: **EDWARD R. OELSCHLAEGER**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

3/26/05