

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 21, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000015495

1. Entity Name
CARCO FLORIDA HOLDINGS, INC.



Principal Place of Business
502 SOUTH BEACH ROAD
HOBE SOUND, FL 33455 US

Mailing Address
502 SOUTH BEACH ROAD
HOBE SOUND, FL 33455 US



02142005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
30-1180771

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

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

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

10. OFFICERS AND DIRECTORS

TITLE D
NAME O'NEILL, PETER L
STREET ADDRESS 502 SOUTH BEACH ROAD
CITY - ST - ZIP HOBE SOUND, FL 33455

TITLE VS
NAME GIORDANO, MICHAEL J
STREET ADDRESS 17 FLOWERFIELD INDUSTRIAL PARK
CITY - ST - ZIP ST. JAMES, NY 11780

TITLE VT
NAME HOFFMAN, PAMELA
STREET ADDRESS 17 FLOWERFIELD INDUSTRIAL PARK
CITY - ST - ZIP ST JAMES, NY 11780

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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NAME
STREET ADDRESS
CITY - ST - ZIP

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03/21/05-80083-002 150.00

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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)(f), 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:

Peter L. O'Neill (Peter L. O'Neill)

3/4/05

772-545-4010

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #