


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2005 8:00 am
Secretary of State

04-04-2005 90092 026 ***150.00

DOCUMENT # P03000021563	
1. Entity Name ALESHA CARR, INC.	

Principal Place of Business 13745 SE 37TH TERRACE SUMMERFIELD, FL 34491	Mailing Address 13745 SE 37TH TERRACE SUMMERFIELD, FL 34491
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50033542

2. Principal Place of Business 2738 SW 140th Place	3. Mailing Address 2738 SW 140th Place
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Ocala, FL	City & State Ocala, FL
Zip 34473	Zip 34473
Country	Country

03132005 Chg-P CR2E034 (10/03)

4. FEI Number 32-0061776	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CARR, ALESHA 13745 SE 37TH TERRACE SUMMERFIELD, FL 34491	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 2738 SW 140th Place City Ocala FL Zip Code 34473
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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 _____

**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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARR, ALESHA 13745 SE 37TH TERRACE SUMMERFIELD, FL 34491 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Carr, Alesha 2738 SW 140th Place Ocala, FL 34473 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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: Alesha Carr 3/31/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #