

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90176 016 ***150.00

DOCUMENT # P03000033893																																																																																																																																			
1. Entity Name CARRIER DEPOT, INC.																																																																																																																																			
Principal Place of Business 700 W 23 STREET STE 20 PANAMA CITY, FL 32405			Mailing Address 700 W 23 STREET STE 20 PANAMA CITY, FL 32405																																																																																																																																
2. Principal Place of Business 3303 Country Club Dr.			3. Mailing Address P.O. Box 1446																																																																																																																																
Suite, Apt. #, etc.			Suite, Apt. #, etc.																																																																																																																																
City & State Lynn Haven, FL		City & State Lynn Haven, FL		4. FEI Number 77-0595136																																																																																																																															
Zip 32444		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																																																																																																																															
6. Name and Address of Current Registered Agent STEWART, RAYMOND C 700 W 23 STREET STE 20 PANAMA CITY, FL 32405			7. Name and Address of New Registered Agent Name: Sherry Fox Stewart Street Address (P.O. Box Number is Not Acceptable): 3303 Country Club Dr City: Lynn Haven FL Zip Code: 32444																																																																																																																																
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: Sherry F Stewart <i>Sherry F Stewart</i> 4/28/2004 <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, 2005 Fee will be \$550.00			9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees																																																																																																																																
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left; padding: 2px;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left; padding: 2px;">11. 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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: Sherry F Stewart <i>Sherry F Stewart</i> 4/28/2004 (850) 814-4888 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																																																																																																																			