

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000033893

1. Entity Name
CARRIER DEPOT, INC.



Principal Place of Business
1782 ELISON AVE.
#2
MISSOULA, MT 59802

Mailing Address
1782 ELISON AVE.
#2
MISSOULA, MT 59802

FILED
Jul 11, 2008 08:00 AM
Secretary of State



07062008 No Chg-P CR2E034 (11/05)

4. FEI Number
77-0595136

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

RHONDA S. CLYATT, CHARTERED
621 EAST 4TH STREET
PANAMA CITY, FL 32401

**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 \$550.00
Due by September 12, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000954399
07/11/08-80012-006 550.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CEO
RAYMOND, STEWART
1782 ELISON AVE #2
MISSOULA, MT 59802

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
MCSPADDEN, DAVID
621 EAST 4TH STREET
PANAMA CITY, FL 32401

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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 empowerment.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

070608 466 546 1019
Date Daytime Phone #