


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Aug 01, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P03000063787</b> 1. Entity Name CAROL P, INC.	
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Principal Place of Business 30 TREETOP CIRCLE ORMOND BEACH, FL 32174	Mailing Address 30 TREETOP CIRCLE ORMOND BEACH, FL 32174
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**DO NOT WRITE IN THIS SPACE**



07242007 No Chg-P CR2E034 (11/05)

4. FEI Number 42-1599940	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  SAVY, BENJAMIN 25 PINE CONE DRIVE STE 2A PALM COAST, FL 32164
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**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 \_\_\_\_\_ U00000771091  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 08/01/07-80004-003 150.00

<b>FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PAQUETTE, CAROL A 30 TREETOP CIRCLE ORMOND BEACH, FL 32174
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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 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: Carol A. Paquette CAROL A. PAQUETTE 7/23/07 386 846 1789  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #