

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2005 8:00 am
Secretary of State

03-18-2005 90053 012 ***150.00

DOCUMENT # P03000072348 1. Entity Name CARBON COPIES, INC.					
Principal Place of Business 7900 THOMLEY TRAIL RD. PENSACOLA, FL 32526			Mailing Address 7900 THOMLEY TRAIL RD. PENSACOLA, FL 32526		
2. Principal Place of Business Suite, Apt. #, etc. 5007 N. Davis Hwy, Suite 16		3. Mailing Address Suite, Apt. #, etc. 5007 N. Davis Hwy, Suite 16			
City & State Pensacola, FL		City & State Pensacola, FL		4. FEI Number 03-0522128	
Zip 32503		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CARTER, HUGH B 7900 THOMLEY TRAIL RD. PENSACOLA, FL 32526			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 CARTER, HUGH B 7900 THOMLEY TRAIL RD. PENSACOLA, FL 32526 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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 another like empowered.					
SIGNATURE: <u><i>Hugh B. Carter</i></u> President Hugh Carter			Date: <u>3-14-05</u>		Daytime Phone #: <u>476-9125</u>