

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 14, 2005 8:00 am**  
**Secretary of State**

04-14-2005 90112 012 \*\*\*150.00

**DOCUMENT # P03000092575**

1. Entity Name  
CARMICHAEL & CARMICHAEL, INC.



Principal Place of Business  
351 N. CONGRESS AVE.  
BOYNTON BCH, FL 33426

Mailing Address  
351 N. CONGRESS AVE.  
BOYNTON BCH, FL 33426

20033403



**DO NOT WRITE IN THIS SPACE**

03112005 No Chg-P CR2E034 (10/03)

4. FEI Number  
20-0169626

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

CARMICHAEL, PETER  
3550 EDGAR AVE.  
BOYNTON BEACH, FL 33436

**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 \$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**

TITLE P  
NAME CARMICHAEL, PETE  
STREET ADDRESS 3550 EDGAR AVE.  
CITY-ST-ZIP BOYNTON BEACH, FL 33436

TITLE VP  
NAME CARMICHAEL, DAVID  
STREET ADDRESS 3550 EDGAR AVE.  
CITY-ST-ZIP BOYNTON BEACH, FL 33436

TITLE S  
NAME CARMICHAEL, BARBARA  
STREET ADDRESS 3550 EDGAR AVE.  
CITY-ST-ZIP BOYNTON BEACH, FL 33436

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 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 persons empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

PETE CARMICHAEL 4/11/05 561-374-5933