

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 29, 2004 8:00 am**  
**Secretary of State**

03-29-2004 90025 017 \*\*\*150.00

**DOCUMENT # P03000137681**

1. Entity Name  
CARROLL TIMBERLAKE INSTALLATIONS, INC.



Principal Place of Business  
20 N SUMMIT STREET  
CRESCENT CITY, FL 32112

Mailing Address  
20 N SUMMIT STREET  
CRESCENT CITY, FL 32112

**54023334**

2. Principal Place of Business  
**1412 CAR STREET**  
Suite, Apt. #, etc.

3. Mailing Address  
**1412 CAR STREET**  
Suite, Apt. #, etc.



02242004 Chg-P CR2E034 (10/03)

City & State  
**PALATKA FL**  
Zip **32177** Country **USA**

City & State  
**PALATKA FL**  
Zip **32177** Country **USA**

4. FEI Number  
**41-2116243**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

## 6. Name and Address of Current Registered Agent

HAENFLER, JAMES  
20 N SUMMIT STREET  
CRESCENT CITY, FL 32112

## 7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

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, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

## 10. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>TIMBERLAKE, CARROLL</b>	
STREET ADDRESS	<b>1412 CAR STREET</b>	
CITY- ST- ZIP	<b>PALATKA, FL 32177</b>	
TITLE	<b>ST</b>	<input type="checkbox"/> Delete
NAME	<b>TIMBERLAKE, MARCIA L</b>	
STREET ADDRESS	<b>1412 CAR STREET</b>	
CITY- ST- ZIP	<b>PALATKA, FL 32177</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1:

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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: *Carroll Timberlake*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-23-04 (380) 937-0081**  
Date Daytime Phone #