ANNUAL REPORT

FILED
Apr 20, 2005 8:00 am
Secretary of State
04-20-2005 90317 034 ***150.00

DOCUMENT # P03000144203

1. Entity Name
CARMIC INCORPORATED

Principal Place of Business	Mailing Address
POST OFFICE BOX 427 WILLISTON, FL 32696	POST OFFICE BOX 427 WILLISTON, FL 32696

02032005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
4651 N.E. 138th Terr. Suite, Apt. #, etc.	4651 N.E. 138th Terr. Suite, Apt. #, etc.
City & State: Williston, FL.	City & State: Williston, FL.
Zip: 32696 Country: U.S.A.	Zip: 32696 Country: U.S.A.

4. FEI Number: 35-2223670 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LINDSEY, MALCOLM C JR. 18959 NW 160TH AVENUE WILLISTON, FL 32696	Name: Malcolm C. Lindsey JR. Street Address (P.O. Box Number is Not Acceptable): 4651 N.E. 138th TERR. City: Williston FL Zip Code: 32696

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P LINDSEY, MALCOLM C JR. 18959 NW 160TH AVENUE WILLISTON, FL 32696	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V LINDSEY, JUSTIN T 18959 NW 160TH AVENUE WILLISTON, FL 32696	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST LINDSEY, CARLA K 18959 NW 160TH AVENUE WILLISTON, FL 32696	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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 like empowered.

SIGNATURE: Malcolm C. Lindsey 3rd (President) Malcolm C. Lindsey JR. 2-10-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone: 352-528-0847