2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2008
Secretary of State

DOCUMENT# P04000159001

Entity Name: CARRIAGE APARTMENTS, INC.

Current Principal Place of Business:

106 NORTH RAILROAD STREET
BUNNELL, FL 32110 US

New Principal Place of Business:

Current Mailing Address:

7 CLEE COURT
PALM COAST, FL 32137 US

New Mailing Address:

FEI Number: 20-0736991 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DANIEL, DAVID H
7 CLEE COURT
PALM COAST, FL 32137 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: DANIEL, DAVID H
Address: 7 CLEE COURT
City-St-Zip: PALM COAST, FL 32137 US

Title: STD ( ) Delete
Name: DANIEL, ETHEL
Address: 7 CLEE COURT
City-St-Zip: PALM COAST, FL 32137 US

Title: VPD ( ) Delete
Name: MARTINO, MARIO
Address: 24 COLLINGDALE COURT
City-St-Zip: PALM COAST, FL 32137 US

Title: D ( ) Delete
Name: MARTINO, DOROTHY
Address: 24 COLLINGDALE COURT
City-St-Zip: PALM COAST, FL 32137 US

Title: D ( ) Delete
Name: SINACORI, JOSEPH
Address: 5118 PALAZZO PLACE
City-St-Zip: BOYNTON BEACH, FL 33437 US

Title: D ( ) Delete
Name: SINACORI, FRIEDA
Address: 5118 PALAZZO PLACE
City-St-Zip: BOYNTON BEACH, FL 33437 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID DANIEL PRES 04/20/2008

Electronic Signature of Signing Officer or Director Date