

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 08, 2006 8:00 am
Secretary of State

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DOCUMENT # P04000163818 1. Entity Name CARRIAGE MANAGEMENT SERVICES, INC.					
Principal Place of Business 3990 MINTON ROAD W. MELBOURNE, FL 32904			Mailing Address 3990 MINTON ROAD W. MELBOURNE, FL 32904		
2. Principal Place of Business 2263 W. New Haven Av #426 Suite, Apt. #, etc. #426 City & State W. Melbourne, FL. Zip 32904		3. Mailing Address 2263 W. New Haven Av. #426 Suite, Apt. #, etc. #426 City & State W. Melbourne, FL. Zip 32904			
Country USA		Country USA		4. FEI Number 20-1967688	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent STILLWELL, WANDA J 3990 MINTON ROAD W. MELBOURNE, FL 32904			7. Name and Address of New Registered Agent Name Stillwell, Wanda J. Street Address (P.O. Box Number is Not Acceptable) 2263 W New Haven Ave, #426 City W Melbourne		
State FL			Zip Code 32904		
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: <u><i>Wanda J. Stillwell</i></u> Wanda J. Stillwell, Reg. Agent 01/06/09 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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 D	NAME STILLWELL, WANDA J		TITLE D P S T	NAME Stillwell, Wanda J.	
STREET ADDRESS 3990 MINTON ROAD	CITY-ST-ZIP W. MELBOURNE, FL 32904		STREET ADDRESS 2263 W New Haven Ave, #426	CITY-ST-ZIP W Melbourne FL 32904	
[Delete]			[Change] [Addition]		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u><i>Wanda J. Stillwell</i></u> Wanda J. Stillwell, Dir. 01/06/06 321-917-1222 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					