

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2007 8:00 am
Secretary of State

01-16-2007 90188 006 ***150.00

DOCUMENT # P05000064883

1. Entity Name
S. & K. CARROLL, INC.



Principal Place of Business
**6633 SUPERIOR AVE.
SARASOTA, FL 34231 US**

Mailing Address
**5146 NORTHRIDGE RD.
APARTMENT 111
SARASOTA, FL 34238 US**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

7658 Trillium Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01092007

Chg-P

CR2E034 (12/06)

City & State

City & State

Sarasota FL

4. FEI Number

20-2795412

Applied For

Not Applicable

Zip

Country

Zip

34241

Country

USA

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

**ADDISON, MICHAEL C
400 N. TAMPA ST.
SUITE 1100
TAMPA, FL 33602**

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, 2007 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 **PS** ☐ Delete
NAME **CARROLL, KELLIE M**
STREET ADDRESS **5146 NORTHRIDGE RD., APT. 111**
CITY-ST-ZIP **SARASOTA, FL 34238**

TITLE ☒ Change ☐ Addition
NAME **7658 Trillium Blvd**
STREET ADDRESS **Sarasota FL 34241**
CITY-ST-ZIP

TITLE **DT** ☐ Delete
NAME **CARROLL, SLATE S**
STREET ADDRESS **5146 NORTHRIDGE RD., APT. 111**
CITY-ST-ZIP **SARASOTA, FL 34238**

TITLE ☒ Change ☐ Addition
NAME **7658 Trillium Blvd**
STREET ADDRESS **Sarasota FL 34241**
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

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:

Kellie Carroll, president

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-11-07

Date

941-925-0533

Daytime Phone #