2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000096584

Entity Name: CARROLLWOOD CREAMERY INCORPORATED

FILED Apr 27, 2007 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:		
	RTH DALE MABRY F L 336182406	HIGHWAY			
Current Mailing Address:			New Mailing Address:		
	DSWORTH FL 335564303				
FEI Number:	20-3148987 FEI I	lumber Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of Curren	t Registered Agent:	Name and Address	of New Registered Agent:	
	SON A FATA COURT IT RICHEY, FL 3465	5 US			
	named entity submit of Florida.	s this statement for the	purpose of changing its registere	ed office or registered agent, or both,	
SIGNATUF	RE:				
	Electronic Sig	nature of Registered Ag	ent	Date	
Election Car	npaign Financing Trust	Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	D () Delete RICCI, JOE M 5202 HALTATA COURT NEW PORT RICHEY, F		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () Delete RICCI, JANET A 5202 HALTATA COURT NEW PORT RICHEY, F		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () Delete RICCI, JASON A 5202 HALTATA COURT NEW PORT RICHEY, F		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () Delete BYRNE, ROBERT J 14167 WADSWORTH ODESSA, FL 3355643		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	D () Delete BYRNE, CATHERINE D 14167 WADSWORTH		Title: Name: Address:	() Change () Addition	

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.

City-St-Zip:

SIGNATURE: JASON RICCI D 04/27/2007

City-St-Zip: ODESSA, FL 335564303