

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000053954

Entity Name: CARBON DAYS, INC.

**FILED**  
**Feb 07, 2011**  
**Secretary of State**

## **Current Principal Place of Business:**

13901 SUTTON PARK DRIVE SOUTH SUITE 330  
JACKSONVILLE, FL 32224 US

## **New Principal Place of Business:**

## **Current Mailing Address:**

13901 SUTTON PARK DRIVE SOUTH SUITE 330  
JACKSONVILLE, FL 32224 US

## **New Mailing Address:**

FEI Number: 26-0180530

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## **Name and Address of Current Registered Agent:**

COLLEY, REED W  
13901 SUTTON PARK DRIVE SOUTH SUITE 330  
JACKSONVILLE, FL 32224 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

## **OFFICERS AND DIRECTORS:**

Title: PRES  
Name: COLLEY, REED W  
Address: 13901 SUTTON PARK DRIVE SOUTH SUITE 330  
City-St-Zip: JACKSONVILLE, FL 32224 US

Title: TRES  
Name: COLLEY, REED W  
Address: 13901 SUTTON PARK DRIVE SOUTH SUITE 330  
City-St-Zip: JACKSONVILLE, FL 32224 US

Title: SECT  
Name: COLLEY, CATHERINE A  
Address: 13901 SUTTON PARK DRIVE SOUTH SUITE 330  
City-St-Zip: JACKSONVILLE, FL 32224 US

Title: DIR  
Name: COLLEY, REED W  
Address: 13901 SUTTON PARK DRIVE SOUTH SUITE 330  
City-St-Zip: JACKSONVILLE, FL 32224 US

I hereby 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 all other like empowered.

SIGNATURE: CATHERINE COLLEY

SECT

02/07/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date