

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2008 8:00 am
Secretary of State

01-23-2008 90011 031 ***150.00

DOCUMENT # P07000068527

1. Entity Name
CARPLES FAMILY CORP.



Principal Place of Business
**401 E. LINTON BLVD. #553
DELRAY BEACH, FL 33483**

Mailing Address
**401 E. LINTON BLVD. #553
DELRAY BEACH, FL 33483**

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01032008 Chg-P CR2E034 (12/06)

4. FEI Number

26-0411589

Applied For

Not Applicable

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

**CARPLES, FLORENCE L
401 E. LINTON BLVD.
APT. 553
DELRAY BEACH, FL 33483**

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 reappointing)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
CARPLES, FLORENCE L
401 E. LINTON BLVD. #553
DELRAY BEACH, FL 33483** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
CARPLES, DAVID MR.
7804 FOXGATE COURT
BETHESDA, MD 20817** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
CARPLES, STEVEN MR.
11450 ASPEN WAY
MINNETONKA, MN 55305** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
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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:

Florence L Carples

1-16-08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #