2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000068527

Name:

Address:

City-St-Zip:

CARPLES, STEVEN MR.

MINNETONKA, MN 55305

11450 ASPEN WAY

Entity Name: CARPLES FAMILY CORP.

FILED Jan 21, 2009 Secretary of State

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Current P	rincipal Plac	e of Business:	New Principal Place	New Principal Place of Business:	
	TON BLVD. # BEACH, FL 3:				
Current Mailing Address:			New Mailing Address	New Mailing Address:	
	TON BLVD. # BEACH, FL 3:				
FEI Number	: 26-0411589	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address o	Name and Address of New Registered Agent:	
APT. 553 DELRAY B The above	e of Florida.		purpose of changing its registered	d office or registered agent, or both,	
	Electro	nic Signature of Registered Ag	gent	Date	
Election Car	npaign Financii	ng Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGI	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	CARPLES, FL 401 E. LINTO		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D (CARPLES, DA 7804 FOXGA BETHESDA, N	TE COURT	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	D () Delete	Title:	() 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.

Name:

Address:

City-St-Zip:

SIGNATURE: FLORENCE L. CARPLES PRES 01/21/2009