

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 02, 2005 8:00 am**  
**Secretary of State**

02-02-2005 90036 009 \*\*\*150.00

**DOCUMENT # P08347**

1. Entity Name  
**CARSON HOLDINGS LIMITED, A LIBERIAN CORPORATION**



Principal Place of Business  
**1760 BRISTOL RD  
WARRINGTON, PA 18976 US**

Mailing Address  
**1760 BRISTOL RD  
P O BOX 160  
WARRINGTON, PA 18976 US**

**40010592**



01102005 Chg-P CR2E034 (10/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number  
**52-1523924**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**HARRIS, STEPHEN B  
1110 S.W. IVANHOE BLVD.  
GUEST QUARTER "G"  
ORLANDO, FL 32803**

7. Name and Address of New Registered Agent

Name **Stephen B. Harris**  
Street Address (P.O. Box Number is Not Acceptable)  
**1060 Maitland Centre Commons**  
**Suite 400**  
City **Maitland** FL Zip Code **32751**

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

*Stephen B. Harris* Director

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**1/1/05**

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	PEARMAN, R. S. L	
STREET ADDRESS	BOX 1022, CHURCH ST. W.	
CITY-ST-ZIP	HAMILTON, BERMUDA,	
TITLE	S	<input type="checkbox"/> Delete
NAME	COTTINGHAM, D R	
STREET ADDRESS	CENTURY HSE 16 PAR-LA-VILLE RD	
CITY-ST-ZIP	HAMILTON, BERMUDA,	
TITLE	S	<input type="checkbox"/> Delete
NAME	SCOTT, A	
STREET ADDRESS	TOWER HILL HSE. ST. PETERS PORT	
CITY-ST-ZIP	GUERNSEY CHANNEL, ISL,	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MADHVANI, MAYUR M	
STREET ADDRESS	BOX 51148, MAMA NGINA ST	
CITY-ST-ZIP	NAIROBI, KENYA,	
TITLE	D	<input type="checkbox"/> Delete
NAME	MORRIS, S A	
STREET ADDRESS	CENTURY HSE 16 PAR-LA-VILLE RD	
CITY-ST-ZIP	HAMILTON, BERMUDA,	
TITLE	D	<input type="checkbox"/> Delete
NAME	HARRIS, STEPHEN B	
STREET ADDRESS	1760 BRISTOL RD PO BOX 160	
CITY-ST-ZIP	WARRINGTON, PA 18976	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

*Stephen B. Harris* Pres

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/26/05**

Date

**215 343 9000**

Daytime Phone #

**STEPHEN B HARRIS, PRES**