

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 23, 2005 8:00 am
Secretary of State

02-23-2005 90077 032 ***150.00

DOCUMENT # P37842

1. Entity Name

LE PETIT CAROUSEL, INC.



Principal Place of Business

117 N GROVE ST
LENNI PA 19052 — see below.

Mailing Address

315 PENDLETON LANE
PALM BEACH FL 33480

00018369

2. Principal Place of Business

117 N. Grove St.

3. Mailing Address

315 Pendleton Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

East Aurora. N.Y.

City & State

Palm Beach Fla.

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

Zip

14052

Country

Zip

33480

Country

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

WYCKOFF, SHELBY DE PEYSTER
315 PENDLETON LANE
PALM BCH. FL 33480

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 reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

enclosed.

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
OP
WYCKOFF, SHELBY DE PEYST
315 PENDLETON LANE
PALM BEACH FL 33480 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ST
WYCKOFF, CLINTON R., III
315 PENDLETON LANE
PALM BEACH FL 33480 ☐ Delete

TITLE
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☐ Change ☐ Addition

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:

S Wyckoff Shelby Wyckoff
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/17/05
Date

561-655-2725
Daytime Phone #