2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2005
Secretary of State

DOCUMENT# P94000082075

Entity Name: CARVER POND, INC.

Current Principal Place of Business:

1105 SCHROCK RD
SUITE 206
COLUMBUS, OH 43229

New Principal Place of Business:

Current Mailing Address:

1105 SCHROCK RD
SUITE 206
COLUMBUS, OH 43229 US

New Mailing Address:

FEI Number: 59-3278266 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WINTERS, ELISE K
133 N. FT. HARRISON AVENUE
CLEARWATER, FL 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: VPAS ( ) Delete
Name: MCVAY, TOM D
Address: 1105 SCHROCK ROAD SUITE 206
City-St-Zip: COLUMBUS, OH

Title: VPS ( ) Delete
Name: DEAN, DENNIS E
Address: 140 ISLAND WAY # 230
City-St-Zip: CLEARWATER BEACH, FL 33767

Title: PT ( ) Delete
Name: WHALEY, RICHARD J
Address: 1105 SCHROCK RD STE 206
City-St-Zip: COLUMBUS, OH

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VPS (X) Change ( ) Addition
Name: DEAN, DENNIS E
Address: 140 ISLAND WAY # 230
City-St-Zip: CLEARWATER BEACH, FL 33767

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

SIGNATURE: TOM D. MCVAY VPAS 04/22/2005

Electronic Signature of Signing Officer or Director Date