

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 14, 2007 8:00 am
Secretary of State

02-14-2007 90053 018 ***150.00

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1. Entity Name

THE CARRICK GROUP, INC.



Principal Place of Business

665 BOCA BAY DRIVE
BOCA GRAND, FL 33921 US

Mailing Address

PO BOX 988
BOCA GRANDE, FL 33921 US

40016833



01082007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3285477

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GORDON, BRUCE H
SHUMAKER LOOP & KENDRICK
101 E. KENNEDY BLVD., #2500
TAMPA, FL 33602

**DO NOT WRITE
IN THIS SPACE**

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, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	REEFE, NORA LEA
STREET ADDRESS	665 BOCA BAY DR
CITY - ST - ZIP	BOCA GRANDE, FL
TITLE	C
NAME	REEFE, EDWARD M
STREET ADDRESS	665 BOCA BAY DR
CITY - ST - ZIP	BOCA GRANDE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

Nora Lea Reefer *Nora Lea Reefer*

Feb 12, 2007

Date

Daytime Phone #

941-964-1491