

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P95000004369

Entity Name: F. C. CARROLL PROPERTIES, INC.

**FILED**  
**Apr 21, 2011**  
**Secretary of State**

## **Current Principal Place of Business:**

624 LAKESHORE BLVD  
624 LAKESHORE BLVD  
KISSIMMEE, FL 34744

## **New Principal Place of Business:**

624 LAKESHORE BLVD  
KISSIMMEE, FL 34744

## **Current Mailing Address:**

163 SW BONANZA GLN  
LAKE CITY, FL 32025

## **New Mailing Address:**

FEI Number: 59-3302376

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## **Name and Address of Current Registered Agent:**

SESSIONS, RAYMOND R JR.  
163 SW BONANZA GLN  
LAKE CITY, FL 32025 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

## **OFFICERS AND DIRECTORS:**

Title: DPT  
Name: SESSIONS, RAY R  
Address: 624 LAKESHORE BLVD  
City-St-Zip: KISSIMMEE, FL 34744 US

Title: SD  
Name: SESSIONS, STEPHEN A  
Address: 2409 SW SISTERS WELCOME RD SUITE 101  
City-St-Zip: LAKE CITY, FL 32025 US

I hereby 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 all other like empowered.

SIGNATURE: RAYMOND R SESSIONS

P

04/21/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date