

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 07, 2005 8:00 am
Secretary of State

04-07-2005 90024 011 ***158.75



DOCUMENT # P96000026204
 1. Entity Name
 CAROMAC, INC.

Principal Place of Business: 1919 WOODCREST DRIVE, WINTER PARK FL 32792, US
 Mailing Address: 1919 WOODCREST DRIVE, WINTER PARK FL 32792, US



2. Principal Place of Business: 28421 HELENA RUN DRIVE, Suite, Apt. #, etc.
 3. Mailing Address: 28421 HELENA RUN DR., Suite, Apt. #, etc.

1st MOORE CR2E034 (10/04)

City & State: LEESBURG, FLORIDA
 Zip: 34748, Country: LAKE
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 Zip: 34748, Country: LAKE

4. FEI Number: 59-3367470
 Applied For: Not Applicable

5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 MCINERNEY, CAROL J
 1919 WOODCREST DRIVE
 WINTER PARK FL 32792

7. Name and Address of New Registered Agent
 Name: CAROL J. MCINERNEY
 Street Address (P.O. Box Number is Not Acceptable): 28421 HELENA RUN DRIVE
 City: LEESBURG, FL, Zip Code: 34748

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: Carol J. McInerney
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)
 DATE: 4-2-05

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	MCINERNEY, CAROL J	
STREET ADDRESS	1919 WOODCREST DRIVE	
CITY-ST-ZIP	WINTER PARK FL 32792	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAROL J. MCINERNEY	ADDRESS
STREET ADDRESS	28421 HELENA RUN DRIVE	
CITY-ST-ZIP	LEESBURG, FLORIDA 34748	
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: Carol J. McInerney, PRESIDENT
 Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 DATE: 4-2-05
 Daytime Phone #: 352-323-8686