

FILED  
Apr 20, 2006 8:00 am  
Secretary of State

04-20-2006 90169 027 \*\*\*150.00

2006 FOR PROFIT CORPORATION  
ANNUAL REPORT

DOCUMENT # P96000058365

1. Entity Name  
CARBILL, INC.



Principal Place of Business  
629 SOUTH OHIO BOULEVARD  
EUSTIS, FL 32726

Mailing Address  
POST OFFICE BOX 1106  
EUSTIS, FL 32727-1106

40053874



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01312006 Chg-P CR2E034 (11/05)

City & State

City & State

4. FEI Number  
59-3390052

Applied For  
Not Applicable

Zip

Country

Zip

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

HARPER, CAROLYN B  
629 S OHIO BLVD  
P O BOX 1106  
EUSTIS, FL 32727

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 reappointing)

DATE

FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00

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 PD ☐ Delete  
NAME HARPER, WILLIAM L  
STREET ADDRESS 629 S OHIO BLVD, P O BOX 1106  
CITY - ST - ZIP EUSTIS, FL

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

TITLE VD ☐ Delete  
NAME HARPER, CAROLE L  
STREET ADDRESS 629 S OHIO BLVD, P O BOX 1106  
CITY - ST - ZIP EUSTIS, FL

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

TITLE STD ☐ Delete  
NAME HARPER, CAROLYN B  
STREET ADDRESS 629 S OHIO BLVD, P O BOX 1106  
CITY - ST - ZIP EUSTIS, FL

TITLE ☐ Change ☐ Addition  
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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: *W.L. Harper* - W.L. HARPER PRESIDENT 04/18/06 352-357-2657

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #