

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2005 8:00 am
Secretary of State

01-12-2005 90004 043 ***150.00

DOCUMENT # P96000093068

1. Entity Name

CARROLL CREEK DEVELOPMENT CO.



Principal Place of Business

3240 E ANDREW JOHNSON
GREENVILLE, TN 37745 US

Mailing Address

3240 E ANDREW JOHNSON HWY
GREENVILLE, TN 37745 US

50001712

2. Principal Place of Business

3. Mailing Address

P.O. Box 271

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Greenville, TN

Zip

Country

Zip

37744

Country

US

01052005

Chg-P

CR2E034 (10/03)

4. FEI Number
59-3412358

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GALLIMORE, ELLSWORTH G
557 N WYMORE RD
STE 102
MAITLAND, FL 32751

7. Name and Address of New Registered Agent

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 reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PT ☐ Delete
NAME GALLIMORE, E. LYNDON
STREET ADDRESS 150 BLUEBONNET LANE
CITY-ST-ZIP GREENVILLE, TN 37743

TITLE VPS ☐ Delete
NAME GALLIMORE, ELLSWORTH G
STREET ADDRESS 557 N WYMORE RD STE 102
CITY-ST-ZIP MAITLAND, FL 32751

TITLE S ☐ Delete
NAME GALLIMORE, EVONNE M
STREET ADDRESS 150 BLUEBONNET LANE
CITY-ST-ZIP GREENVILLE, TN 37743

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/5/2005 (423) 639-4663