

**FILED**  
**May 02, 2007 8:00 am**  
**Secretary of State**

04-17-2007 90243 046 \*\*\*150.00

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P97000052281

1. Entity Name  
CARVER LOGGING, INC.



Principal Place of Business  
6128 STAFF RD.  
CRESTVIEW, FL 32536 US

Mailing Address  
6128 STAFF RD.  
CRESTVIEW, FL 32536

66012591



04132007 No Chg-P CR2E034 (11/05)

4. FEI Number  
72-1392096

Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

CARVER, ROBERT  
6128 STAFF RD.  
CRESTVIEW, FL 32536

**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 reappointing)

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  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
P  
CARVER, ROBERT  
6128 STAFF RD.  
CRESTVIEW, FL 32536

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
ST  
CARVER, BOBBIE  
6128 STAFF RD.  
CRESTVIEW, FL 32536

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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:

*Bobbie Carver*

4/28/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #