

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000009560

FILED  
Apr 26, 2005  
Secretary of State

Entity Name: CARBONE COMMERCIAL SERVICES, INC.

**Current Principal Place of Business:**

3705 SW 42 AVE  
STE 11  
GAINESVILLE, FL 32608

**New Principal Place of Business:**

**Current Mailing Address:**

3705 SW 42 AVE  
STE 11  
GAINESVILLE, FL 32608

**New Mailing Address:**

FEI Number: 59-3491333

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

DUPREE, RAE  
RT 4 BOX 3922  
LAKE BUTLER, FL 32054 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: CARBONE, RAYMOND J  
Address: P.O. BOX 140836  
City-St-Zip: GAINESVILLE, FL 32614

Title: D ( ) Delete  
Name: DUPREE, RAE  
Address: RT 4 BOX 3922  
City-St-Zip: LAKE BUTLER, FL 32054

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: RAYMOND J CARBONE

PRES

04/26/2005

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

\_\_\_\_\_  
Date